

Applicant surname: _____



**National Association of Rocketry
Cannon Grant Award Application
Due date: June 1**

Institution

Institution Name: _____

Address: _____

public school private school other(explain)_____

Applicant

Name: _____

Email address _____

Position at institution: teacher other (explain) _____

Are you a member of the NAR? yes, NAR # _____ no

Activity Participants

Grade level of participants (check all that apply):

K 1 2 3 4 5 6 7 8 9 10 11 12

Number of participants: _____

(Optional) Are the participants members of a demographic group that is historically underrepresented in STEM? Explain:

Activity Description

National, state, or local standards or benchmarks addressed:

Applicant surname: _____

Brief description of activity (200 words or less recommended):

Applicant surname: _____

Attach a lesson plan (preferred) or an activity description. The lesson plan can be original or adapted from a lesson plan by a third-party (for example NASA, NSTA, science museums, space grant consortiums, etc.). Please properly attribute your sources.

Continuation Plans

Do you plan to continue this activity in future years? yes no

If you answered yes, please explain your plans:

Has this activity been supported by an NAR Cannon Grant before? yes no

Have you done this specific activity before? yes no If yes, how will this activity be improved or refined this time?

Applicant surname: _____

Facilities

Briefly explain the facilities to be used for the activity, including the launch field, if applicable.

Will the local NAR club be involved? yes no

Publicity

Will parents, other spectators, or local press be present?

Expenses

Explain how you will use the award money – We don't need a detailed budget.

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Checklist

Applicant: _____

Institution: _____

- I have filled out all fields in the application.
- I have included a brief (about 200 words or less) activity description.
- I have attached a lesson plan or activity description.
- My surname is written on the upper right-hand side of all parts of the application, including the attachments.
- I have read the Cannon Grant Award eligibility requirements and I believe that this activity satisfies those requirements.

Signature _____ Date _____

Order of submission: *(please do not staple)*

Checklist

Application (with brief description of activity)

Lesson plan or activity description attachment

To submit, mail to:

**National Association of Rocketry
Cannon Educational Award
P.O. Box 407
Marion, IA 52302**

If you have additional questions or need more information, please contact:

Joyce Ann Guzik
Email: jguzik@mindspring.com