

**WISCONSIN STATE READING ASSOCIATION  
PAT BRICKER MEMORIAL AWARD PROPOSAL**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Co-Applicant's Name (s) \_\_\_\_\_  
\_\_\_\_\_
4. Co-Applicant's Address (es) \_\_\_\_\_  
\_\_\_\_\_
5. School \_\_\_\_\_ Grade Level Taught \_\_\_\_\_  
School Address \_\_\_\_\_
6. Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_
7. Are you a member of WSRA? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you a member of a local council? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of local council? \_\_\_\_\_
9. Title of Classroom Action Study \_\_\_\_\_  
\_\_\_\_\_
10. Number of students involved in study \_\_\_\_\_
11. Are there others working on this study with you? Yes \_\_\_\_\_ No \_\_\_\_\_  
Names of others \_\_\_\_\_  
\_\_\_\_\_
12. Category (Check one)  
Open \_\_\_\_\_ (anyone may enter)  
Limited \_\_\_\_\_ (limited to classroom teachers, reading teachers, Chapter 1  
teachers, reading specialists)
13. Amount requested  
(On a separate page attach a proposed budget detailing how the award  
will be spent.)
14. Timeline for study: Dates study will commence and be completed.  
\_\_\_\_\_
15. Describe how you will share: WSRA Journal \_\_\_\_\_ WSRA Update \_\_\_\_\_  
WSRA Website \_\_\_\_\_ WSRA Conference Sectional \_\_\_\_\_
16. Signature of Applicant \_\_\_\_\_