

## Wisconsin State Reading Association Pat Bricker Memorial Research Award Proposal

Name:

E-mail Address:

Home Address:

Co-Applicant's Name(s):

Co-Applicant(s) Address(es):

School:                      District:

Title/Grade(s) Taught:

School Address: street                      city                      zip code

Home/Cell Phone:                      School Phone:

Are you a member of WSRA? Yes  No

Are you a member of a Local Reading Council?                      Yes  No

Name of Council:

Title of Study:

Number of students involved in the study:

Have you obtained consent forms from the parents of students involved? Yes  No

Are there others working on this study with you? Yes  No

Names of others:

Amount requested:

(Attach a separate sheet to your proposal with an itemized budget as to how the award will be spent.)

Dates study will commence and be completed:

How do you plan to share your findings?

*WSRA Journal* article     *Update* article     WSRA Website     WSRA Convention

Signature of applicant \_\_\_\_\_

Send four copies of your proposal to:

Nancy Stevens

3405 Wilshire Rd

Waukesha, WI 53045

nancylstevens54@gmail.com