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**UNIVERSITY OF PHOENIX® SUPPLIES FOR TEACHER ALUMNI AND RESOURCES FOR STUDENTS  
GRANT<sup>SM</sup> PROGRAM**

University of Phoenix is excited to offer the Supplies for Teacher Alumni and Resources for Students (STARS) Grant program. University of Phoenix knows the pivotal role teachers play in preparing youth for a promising future. The University also understands that teachers do not always have the tools and resources needed for their classrooms. In the spirit of impacting student learning, one educator at a time, the University is pleased to support excellence in teaching by offering this grant program.

Through this grant program, up to \$25,000 in grants will be provided. Individual grants will be awarded in the amount of \$250 or \$500 to eligible applicants.

**ELIGIBILITY CRITERIA**

Applicants for the grant must demonstrate the following to be considered; not all applications will be awarded a grant:

1. Applicants must be an alumnus of the Master of Arts in Education (MAED) or a University of Phoenix degree program leading to teacher credentialing.
2. Applicants must be actively teaching at an elementary or secondary public, private, or charter school in California, Arizona, Hawaii or Oregon.
3. Applicants must demonstrate a classroom need of \$250 or \$500 for the grant funds.
4. Applicants must obtain written permission from the appropriate school or district official to allocate the grant money for the needs.
5. Applicants must provide the appropriate school or district W-9 form to facilitate payment.
6. Applicants must agree to the grant application terms and conditions.
7. Applicants must submit a complete, signed application, together with all supporting documentation by September 17, 2010. The completion of the application form does not create an obligation to award a grant to applicant.

**SELECTION PROCESS**

1. The recipients of this grant will be selected by the Grant Selection Committee consisting of representatives from University of Phoenix.
2. It is the applicant's responsibility to submit a complete and signed application along with all the supporting documentation, which must be received on or before the deadline date specified below. The Grant Selection Committee accepts no responsibility for incomplete applications, applications not in proper form, lost applications, or any other submission in exception to the above instructions.
3. Grant selection shall be made without regard to age, race, color, national origin, sex, sexual orientation or disability.
4. The decision of the Grant Selection Committee is final and not subject to a review process.
5. Not all applicants will be awarded a grant.

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**Deadline Date:**

The University of Phoenix will review all completed STARS Grant applications that comply with the grant application terms and conditions and are received on or before the application deadline of **September 17, 2010**. Grant funds will be allocated to the school or district specified on the W-9 that is submitted with this application.

**Award Date:**

The STARS Grant Committee will determine the recipients of the grant by the award date of October 22, 2010. You will be notified via email by award date regarding the status of the grant.

**SUBMISSION INSTRUCTIONS**

All materials must be submitted by mail, fax or email to the contact information below on or before the deadline date of September 17, 2010.

**Mailing Instruction:**

University of Phoenix STARS Grant  
Attn: Shannon Contreas  
University of Phoenix  
3090 Bristol St. BR-A403  
Costa Mesa, CA 92626

**Fax Instructions:**

Attn: Shannon Contreas  
602-824-6842

**Email Instructions:**

[Shannon.contreras@phoenix.edu](mailto:Shannon.contreras@phoenix.edu)  
Subject: STARS Grant Application

For any additional information about this grant opportunity, please e-mail [jo.hoffmeier@phoenix.edu](mailto:jo.hoffmeier@phoenix.edu).

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**APPLICANT INFORMATION**

Full legal name of applicant: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Evening: \_\_\_\_\_

Email address: \_\_\_\_\_

**ALUMNI INFORMATION**

Alumni program: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Campus attended: \_\_\_\_\_

**TEACHING INFORMATION**

School where actively teaching: \_\_\_\_\_

Location of school: \_\_\_\_\_

Curriculum actively teaching: \_\_\_\_\_

Grade actively teaching: \_\_\_\_\_

Number of years teaching at above school: \_\_\_\_\_

**GRANT AMOUNT BEING REQUESTED**

☐ \$250

☐ \$500

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**STATEMENT OF NEED**

Compose a statement of need in response to the questions below. The statement should be in paragraph format and be 500 words or less. The statement must demonstrate how you will use the grant funds in your classroom.

1. Why are requesting the grant? (include problems, purpose, or rationale)

2. How will the grant funds address or solve the problems or rationale?

3. What steps will be taken in using the funds?

4. How will the grant funds will be used? (include budget)

5. What is the anticipated outcomes and benefits your classroom would receive from the grant funds?

**W-9**

Attach a W-9 for your school or school district. Your grant award will be allocated to the school or school district named on this W9 form.

**CHECK LIST**

- ☐ University of Phoenix STARS Grant application completed
- ☐ University of Phoenix STARS Terms and Conditions signed
- ☐ Statement of Need
- ☐ W-9
- ☐ Written permission from school or district official
- ☐ Keep a copy of entire packet for your records

# UNIVERSITY OF PHOENIX STARS GRANT<sup>SM</sup> PROGRAM



## UNIVERSITY OF PHOENIX® STARS TERMS AND CONDITIONS

By applying for the STARS Grant, applicant agrees to the following terms and conditions.

1. All applications shall become the property of Apollo Group, Inc. and University of Phoenix regardless if applicant accepts the Grant. In addition, you agree to cooperate with the Apollo Group, Inc. and/or University of Phoenix in executing a consent and release form, if requested.
2. Upon the award of the Grant, Apollo Group, Inc. and/or University of Phoenix shall have the right to use and republish submitted application and any of its contents to reference and acknowledge applicant for any purpose, whatsoever. In addition, applicant agrees to cooperate with the Apollo Group, Inc. and/or University of Phoenix in executing a consent and release form if requested.
3. The Grant will be distributed directly to the school or district that specified on the W-9 attached to this application after the grant award date.
4. Grant may be applied toward the purpose set forth in your application.
5. Applicant must be an Alumnus of the MAED program or a degree program leading to teacher credentialing at University of Phoenix and is actively teaching at a elementary or secondary, private, public or charter school located in California, Arizona, Hawaii or Oregon.
6. The Grant Committee has the sole discretion to award or deny any application. Decisions of the Grant Committee are final.
7. These terms and conditions are in addition to any other terms and conditions set forth in any other part of this document. Any necessary determination or clarification as to the interpretation or to the application of a particular term shall be made by the Grant Committee and/or University officials in their sole discretion. Furthermore, the University reserves the right in its sole discretion to make any changes or modifications to the Grant, including but not limited to, the criteria, the selection process, the deadline dates, and the terms and conditions.
8. Failure to comply with the terms and conditions of the Grant will result in termination of the Grant.
9. University of Phoenix accepts no responsibility for incomplete Grant application forms, Grant applications not in proper form, lost Grant applications, or any other submission in exception to the above instructions.
10. Grant selection shall be made without regard to age, race, color, national origin, sex, or disability.
11. In the event that any provision of the terms and conditions of this Grant shall be held void, voidable, or unenforceable, the remaining provisions of shall remain in full force and effect.
12. Employees or family members of Apollo Group, Inc., University of Phoenix, Western International University, Institute of Professional Development or any other subsidiary of Apollo Group, Inc. are not eligible.

## ACKNOWLEDGEMENT

1. I have read and agreed to the above terms and conditions of the STARS Grant and I understand the nature of the STARS Grant and the extent of my obligations.
2. I certify to the best of my knowledge and ability that the above statements are true and correct. I understand that any misrepresentation or omission of fact is cause for disqualification and my application will not be considered.
3. This form may be executed by facsimile. A facsimile signature may be used in lieu of an original signature. In such instance, said facsimile signature shall be valid and enforceable in all aspects as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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**SCHOOL OR DISTRICT PERMISSION**

By signing below, I represent that I have the authority to grant applicant permission to apply for the STARS Grant. Moreover, I agree that the grant funds will be allocated for the purposes set forth in this grant application.

**Name of school or district official:** \_\_\_\_\_

**Title of school or district official:** \_\_\_\_\_

**Signature of official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_