CONFIDENTIAL

HAWAII EDUCATION ASSOCIATION/ HAWAII STATE TEACHERS ASSOCIATION-RETIRED

SUSAN HAGIWARA SPECIAL EDUCATION TEACHER MICRO GRANT

TO APPLY, MUST BE ALL:

- ☐ Employee of Hawaii State Department of Education
- ☐ Member of Bargaining Unit 5
- ☐ Member of HSTA (**CLICK TO JOIN**)
- ☐ Member of HEA (**CLICK TO JOIN**)

PERSONAL INFORMATION

PLEASE PRINT CLEARLY OR TYPE

APPLICANT'S SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	M.I.
x x x x x			

GENDER: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say ☐ Prefer to self-describe _____	DATE OF BIRTH	EMAIL ADDRESS	TELEPHONE NUMBERS Bus. _____ Res. _____ Cell _____

HOME ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE
SCHOOL ADDRESS	NAME OF SCHOOL, NUMBER AND STREET	CITY	STATE	ZIP CODE

PROJECT OVERVIEW

Please provide a short description of the project you intend to fund with the grant. This should include the purpose and goals of the initiative. (100-150 words)

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OBJECTIVES AND GOALS

What are the specific objectives and measurable outcomes of the project? (200-300 words)

PROJECT IMPLEMENTATION PLAN

How will you implement the project?

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BUDGET

Provide a budget for the project, including costs for materials, equipment, and any other expenses

Description	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
TOTAL BUDGET	$ _____

Administrator's Verification (Principal or Vice Principal)

I hereby verify that _____ is currently employed as a teacher at
(Educator's Name)

_____ for the SY 2026-27.
(School's Name)

Signature_____ Date:_____
(Principal or Vice Principal)

Print name: _____

If awarded the grant, I authorize the HEA and HSTA-Retired to publish my name and photo for publicity purposes. I will respond to a follow-up survey in order for HEA to improve services.

Signature: _____ Date: _____
(Applicant's Signature)