# Alternative Career Pathways

# Project Application

## *Email your completed application to your ACP Coordinator.*

* Bertha-Hewitt, Freshwater, Long Prairie-Grey Eagle, Pequot Lakes, Swanville, Upsala, Verndale:

**Jen McLachlan** [*jennifer.mclachlan@sourcewell-mn.gov*](mailto:jennifer.mclachlan@sourcewell-mn.gov)

* Little Falls, Menahga, Pierz, Pillager, Walker-Hackensack-Akeley:

**Jody Rakow-Worcester** [*jody.worcester@sourcewell-mn.gov*](mailto:jody.worcester@sourcewell-mn.gov)

**Project Title:**

**Participants:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Assignment** | **Location/Building** | **Phone Number** | **Email Address** |
|  |  |  |  |  |

**1. Please summarize your project proposal in 1-2 sentences.**

**2. What is the challenge you intend to address through your work in this project?**

**3. How will this project foster your personal professional development/growth?**

**4. What external impact will your project have (on your students/building/district/community/region)?**

**5. What artifacts will you collect to demonstrate the application of your learning?**

**6. What other professionals in the district might be impacted by your work?**

**7. Describe this project’s alignment to the current initiatives and/or goals in your school/district.**

**8. Please provide a detailed timeline for your project, including specific tasks/benchmarks and anticipated dates or time frames.**

|  |  |
| --- | --- |
| **Task/Benchmark** | **Date(s)/Timeframe** |
|  |  |

**9. Please provide an itemized budget for your project.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Unit Cost** | **Quantity** | **Total Cost** |
|  |  |  |  |

**TOTAL REQUESTED BUDGET =**

**10. How many credits are you requesting upon successful completion of your project?**

\_\_ 1 credit (30-40 hours of work outside of the contract day)

\_\_ 2 credits (60-80 hours of work outside of the contract day)

\_\_ 3 credits (90-120 hours of work outside of the contract day)

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| --- |
| **For committee use only:**  Approval notes: |
|  |
| Committee chair signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |