



AVRover K9 K-12 Grant Application

Name of School _____

Your Name _____ Position _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

How did you hear about the AVRover? _____

How did you hear about this Grant Program? _____

1. Describe how you plan to use the AVRover/ONfinity to enhance your teaching methods. (100 words or less)

2. Is your school or district currently using or considering other whiteboard technology? If so, what type and brand? _____

3. Please rate the following on a scale of 1 to 5 (5 is most important):

	AVRover/ONfinity	Other Brand
Portability	_____	_____
Security	_____	_____
Image Size/Quality	_____	_____
Other Features – Sound, Combo, Etc.	_____	_____
Software (Freeclass & Easiteach vs ?)	_____	_____

Signature _____ Date _____

Mail Completed Application to:
 Sound Video Systems
 AVRover K-9 Grant Fund
 75 Benbro Drive
 Buffalo, NY 14225

or

Fax to:
 716-684-7997