



## 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: \_\_\_\_\_ or Fax to:  
Sound Video Systems 716-684-7997  
AVRover K-9 Grant Fund  
75 Benbro Drive  
Buffalo, NY 14225