



INDIVIDUAL TEACHER GRANT APPLICATION

For Office Use Only	
Grant #	
Date Received	

PROJECT COVERSHEET

The Terrell ISD Excellence Foundation believes that investing directly in teachers is one of the best ways for Terrell to improve student learning. In keeping with the goals of TISD, the Individual Teacher Grant provides Terrell ISD teachers with resources to enrich the academic environment and learning experiences of their students. Please submit one coversheet with five copies of the **application with required signatures** to the following address:

Terrell ISD Excellence Foundation
 Terrell ISD Administration Offices
 700 North Catherine Street
 Terrell, TX 75160

Save this document to your computer and complete the required information.

Applicant Name:

Grade Level /
 Subject:

Project Title:

Amount Requested:

Campus:

Phone:

Email:

I understand that all items purchased with TISD Excellence Foundation funds become the property of Terrell ISD.

Applicant Signature: _____

As Principal, I have reviewed the attached budget and affirm that the items are not currently available on our campus, that this project supports the goals for the District and/or our Campus, and this project would be a good use of Foundation funds. I will help to ensure that the goals are met.

Principal Signature: _____

PROJECT DETAIL

State what specific need the project addresses. Is there a target population? How is it related to campus and/or district goals?

What will be gained as a result of your project?

Describe the activities and tasks involved to achieve the outcomes described above.

How will you measure the success of your project? Data can be quantitative and/or qualitative.

Project Timeline

Provide a timeline for your project. Be sure to include all phases including planning through evaluation with dates that are attainable.

DATE:	ACTIVITY:

BUDGET REQUEST

Item	Category (i.e. books, equipment, software)	Can be reused Yes/No	Price	Qty	Total Cost
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Shipping:					\$
Total Amount:					\$

Number of students who will be directly impacted by this grant:

PROJECT / BUDGET APPROVAL:

TECHNOLOGY SIGNATURE (if applicable)

 Technology Director Signature