



For Office Use Only
Grant #
Received Date

## INDIVIDUAL TEACHER GRANT APPLICATION

### 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. Grant applications may be submitted digitally by email to Dana Skelton at [dana.skelton@terrellisd.org](mailto:dana.skelton@terrellisd.org).

***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.

<b>Provide a timeline for your project. Be sure to include all phases including planning through evaluation with dates that are attainable.</b>	
<b>DATE:</b>	<b>ACTIVITY:</b>

**Project Timeline**

**BUDGET REQUEST**

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

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

PROJECT / BUDGET APPROVAL:

TECHNOLOGY SIGNATURE (if applicable)

\_\_\_\_\_

Technology Director Signature