



APPLICATION COVER SHEET INDIVIDUAL STUDENT GRANT

For Office Use Only	
Grant #	
Date Received	

Individual Student Grants (up to \$1,500) are available to qualifying Terrell ISD students who exhibit excellence in scholarship and character and who lack financial resources to participate in advanced learning initiatives that extend beyond the classroom. The initiatives must provide students with experiences to assist them in their educational development. Experiences may include, but or not limited to, *Tuition and Fees for Summer Academic Camps, such as NASA Space Camp or math, robotics and fine arts camps.* **A letter of recommendation from a faculty member must be attached to this application.**
Type information in the boxes.

Name of Student:		
Campus:	Grade:	
Name of Parent/Guardian:		
Address:		
City:	State:	Zip:
Home Phone:	Parent/Guardian Work Phone:	
Amount Requested:	Date Funds Needed:	
Funds will be used for:		
Name of activity for which you are registering:		
Describe the activity and why funds are needed:		
Name of organization to which checks should be made payable:		
Organization Address:		
City:	State:	Zip:
Organization Contact:		
Organization Phone:		

FOR PARENT/GUARDIAN:

As the parent/guardian, I certify that the information on this application is true and accurate and I understand the importance of my child attending the enrichment activity. If my child does not attend regularly (at least 85% of the time), I understand that I will be responsible for reimbursing the Terrell ISD Excellence Foundation for the amount of the Individual Student Grant.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Name: _____
(Please print.)

FOR CAMPUS PRINCIPAL, ASSISTANT PRINCIPAL OR COUNSELOR:

Before the applications are reviewed by the Programs & Allocations Committee, a campus administrator will review the applications for the express purpose of assuring compliance. Applications submitted from a campus must be signed by a campus administrator.

Signature of Campus Administrator _____ Date: _____

Name of Campus Administrator _____
(Please print.)

CAMPUS ADMINISTRATORS, Please forward the original and four copies of the completed application to:

**Terrell ISD Excellence Foundation
700 North Catherine Street
Terrell, Texas 75160**

DO NOT FAX OR EMAIL



APPLICATION FOR INDIVIDUAL STUDENT GRANT

Review of proposals is anonymous. Consideration of your request will be based entirely on the following proposal.

PLEASE TYPE YOUR RESPONSES IN THE BOXES IN THE SPACE PROVIDED.

Title of Initiative:	
Amount Requested:	Date Funds Needed:
Funds will be used for:	
Explain Need for Funds:	
1. Why do you wish to participate in this activity?	
2. How will your participation in this activity benefit you?	
3. How do you plan to share what you gain?	
4. List the school activities in which you are currently involved.	

5. List the community activities in which you are currently involved.

BUDGET

Please list your budget in order of priority. Any change to the budget amount or expenditure for items other than those requested must be submitted to the Foundation Board for approval.

ITEM	SUPPLIER	ITEM COST	QUANTITY	TOTAL
TOTAL REQUESTED				

Is partial funding useful to you?

If so, what is the minimum useful amount?