

**Galena Park ISD Education Foundation
GRANTS TO TEACHERS
Application Cover Sheet**

The Foundation Grant Selection Committee's goal is to select projects for funding which stimulate students' creativity and expand the existing curriculum. To insure anonymity during the selection process, the committee members will not have access to applicants' names. With the exception of this cover page, **do not** include your name or the name of your school in the body of your application. Amount of the award is **up to \$1,000**. NOTE: To apply for this grant, your project may not be funded from district or state funding.

Application Deadline for the 2019-2020 Academic Year – Friday, May 31, 2019
(The original application and ten copies must be received by the Foundation Office located in the GPISD Administration Building, by 4 p.m. on Friday, May 31, 2019.)

Date: _____

School: _____

Printed Applicant's Name: _____

Position: _____ School Phone: _____

Project Title: _____

Total Dollar Amount of Budget Request: _____
(Include shipping costs)

I understand that if I move within the District and have written the grant by myself, I may take the grant with me to my new school (as long as it is age appropriate for my classes). If I have written the grant, as part of a team, I will have to leave the grant behind with the team. If I leave GPISD, out of the district, I will leave the grant and all materials with the school for which I wrote the grant. As a condition of this grant, I will complete the GPISD Education Foundation Evaluation Form. I certify that I wrote this grant and/or was part of the team that wrote this grant.

Printed Name of Applicant(s): _____

Signature of Applicant(s): _____

I have read this grant and support this application.

Signature of Supervisor/Principal: _____

Please send original and ten copies. No faxed/e-mailed applications will be accepted.

Forward application to:
Galena Park ISD Education Foundation
Administration Building

Galena Park ISD Education Foundation
GRANTS TO TEACHERS Application
2019-2020 Academic Year

Subject Area/Project Title: _____

Grade Level(s): _____ Date: _____

1. Summarize the project or provide a description of the project and the need it addresses. Limit your response to the space provided. **(Do not mention school name in title or body of proposal.)**

Galena Park ISD Education Foundation
GRANTS TO TEACHERS Application
2019-2020 Academic Year

2. How many pupils will be affected by this project?

Directly: _____ Indirectly: _____

Please explain:

What grade levels will benefit? _____

3a. What are the major objectives of the project?

3b. For each objective in question 3a, what do you expect to be the anticipated outcome? For each outcome what tangible result that can be recorded (i.e. journal entries, power points presentations, test scores, plotting data etc.) will be used to determine whether or not the objective has been met?
***Do not use standardized tests such as STAAR.**

Galena Park ISD Education Foundation
GRANTS TO TEACHERS Application
2019-2020 Academic Year

3c. Describe how you will implement the project in your classroom.

4. What materials will be needed to implement the project?
(Include samples, pictures, specific descriptions, etc. that may help in the review process.)

5. Give a time schedule of implementation.

Galena Park ISD Education Foundation
GRANTS TO TEACHERS Application
2019-2020 Academic Year

6. Provide a **detailed** explanation of your budget request. Include specific information on materials and equipment needed, sources, costs, transportation, shipping and handling, etc. *No general estimates will be accepted.*