

# **Grant Application**

Grant Application No. \_\_\_\_\_

EIP Grant Application Cover Page

Project Title \_\_\_\_\_

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Name/s and signature/s of all applicants associated with this grant application

(Print Name)	(Signature)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

School(s) \_\_\_\_\_

Grade(s) \_\_\_\_\_

Subject(s) \_\_\_\_\_

Primary target population to be served:

\_\_\_\_\_ Students (target group): \_\_\_\_\_

\_\_\_\_\_ parents

\_\_\_\_\_ teachers

Implementation dates: \_\_\_\_\_

Signature of SBDM Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Abstract (no more than 100 words)

A large empty rectangular box with a black border, intended for writing the abstract.

**Sharyland ISD Education Foundation**

**Educator Initiative Program Application**

Project Title \_\_\_\_\_

Grant No. \_\_\_\_\_

Amount of Funding Request \_\_\_\_\_

**Purpose: (Expectation of outcomes in general terms) include time and resources.**

**Rationale: (Relevance to your campus plan) How will you impact Student learning?**

**Objectives: (Objectives must be measurable in terms of student behavior or performance)**

**Description of Instructional Procedures, Methods, (if applicable) or Activities which will be utilized:**

**Project Evaluation: (Summary due at the conclusion of the program/project due to the SISD Educational Foundation Board of Directors) How will you measure or evaluate success?**

**Identify any school-community partners involved in the project and their respective roles:**

**Date of Implementation:**

**BUDGET AMOUNT (list items to be purchased):**

\_\_\_\_\_  
Campus SBDM Chair

\_\_\_\_\_  
Principal's Signature

**Grant Applications Should be Submitted to \_\_\_\_\_**  
**Telephone: \_\_\_\_\_**