



# AISD EDUCATION FOUNDATION

## CLASSROOM PROJECT GRANT APPLICATION

MAXIMUM AWARD AMOUNT: \$1,000



Grant Title:

School	Phone	Author (Contact Person)	Principal

Other Participating Teachers:

\_\_\_\_\_

Amount Requested	Number of Students Involved	Grade Level(s)/Subject(s)

Due date/time/location: Wednesday, August 27, 2008 (12 noon) at the:

AISD Education Foundation Office, Annex 4, Suite 102

1141 W. Pioneer Pkwy. 682-867-1927

Signature of Applicant: \_\_\_\_\_

Signature of SBDM Chair and Principal or District Level Supervisor (BLUE INK):

\_\_\_\_\_

SBDM Chair / Principal Name: \_\_\_\_\_

Project Description (40 Word Maximum):

CAMPUS NAME: \_\_\_\_\_ GRANT TITLE: \_\_\_\_\_

**NEED AND RATIONALE: 100 Word Maximum-10 Font Minimum**

(Why do you need to do this project? How does the project support TEKS and campus goals?)

**DESCRIPTION: 300 Word Maximum-10 Font Minimum**

**PROPOSAL ACTIVITIES**

SCHOOL \_\_\_\_\_ GRANT TITLE: \_\_\_\_\_

(Limit the number of objectives. Link your objectives to your activities. Use as many pages as necessary.)  
Be Specific, Measurable, Achievable, Reasonable, and Timely.

OBJECTIVES/ACTIVITIES	PERSON(S) RESPONSIBLE	TIME	DOCUMENTATION

