



Beyond Limits Project

Grant Request Form: 2025–2026 School Year

Instructions: Please complete all sections of this form. Completed applications will be reviewed by the Beyond Limits Project Grant Committee. Schools selected for funding will be notified by email.

Section 1: School Information

School Name: _____

Principal's Name: _____

Grant Contact Person (if different): _____

Email Address: _____

Phone Number: _____

School Address: _____

Section 2: Project Information

Project Title: _____

Amount Requested: \$ _____

Applicant's Title: _____

Projected # of Students Impacted: _____

Number of Students on Campus: _____

Subject Area: _____

Grade Level(s): _____

Who will this grant impact on your campus?

Section 3: Project Description

1. Briefly describe the project. Give specific examples of how materials or activities will be used and the goals of your project.
2. Major objectives: What major objectives will be addressed, and how do they support AISD learning standards? Objectives should be observable and measurable.
3. Evaluation: How will you evaluate whether your objectives have been achieved?
4. Addressing challenges: Describe how this grant will address a difficult-to-teach or difficult-to-learn concept.
5. Communication: How will you communicate your success to your campus community and Beyond Limits Project?

Section 4: Commitment

- Use the funds exclusively for the approved project.
- Designate a staff member to oversee project implementation and data collection.
- Share progress and outcome data with Beyond Limits Project to evaluate impact.

Principal's Signature: _____ Date: _____

Submission Instructions

Please email the completed form to: beyondlimitsprojecttx@gmail.com