



GEORGETOWN
ISD Education Foundation

For Office Use Only:
Campus ID Letter _____
Grand ID Number _____

2018-2019 TEACHER COLLABORATIVE INNOVATION GRANT SIGNATURE PAGE

Primary Applicant Name	Grade & Subject Teaching (or Department if Not a Classroom Teacher)	Name of Campus

Additional Applicant Names	Grade & Subject Currently Teaching	Name of Campus

*If more than six applicants, please include additional applicants on a
Separate piece of paper and insert after this page in your application.*

Deadline for Application	Scan Completed Grant Application To	Subject Line
March 8, 2019	grants@gisdedfound.org	Teacher Grant

In signing this application, I am certifying that this proposed project would be a good use of funds for our school or department.

Principal/Director Signature

Date

Although not required, you are strongly encouraged to receive grant feedback at a grant coaching session to be held February 15th. Please check if you attended a session

YES

NO