



## 2025-2026 TEACHER COLLABORATIVE INNOVATION GRANT SIGNATURE PAGE

| Primary Applicant Name | Grade & Subject Teaching<br>(or Department if Not a<br>Classroom Teacher) | Name of Campus |
|------------------------|---|----------------|
|                        |   |                |

| Collaborating Applicants |  |  |
|--------------------------|--|--|
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
|                          |  |  |

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

|                                |   |  |
|--------------------------------|---|--|
|                                |   |  |
| Due Date:<br>February 27, 2026 | Send with Application to:<br>lawsonjk1829@gmail.com |  |

*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

