



2025-2026 TEACHER INDIVIDUAL INNOVATION GRANT SIGNATURE PAGE

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

| Collaborating Applicants | | |
|--|--|--|
| | | |
| Collaborators Not Required for Individual Grant | | |
| | | |
| | | |

*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: September 15, 2025 | Upload In Application | |

*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

