GEORGETOWN
ISD Education Foundation

2026-2027 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 14, 2026	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

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