

# Town Square Community Foundation Classroom Grant Program Program Application

1. Application Title:
2. Name of Primary Applicants:
3. ISD:
4. Campus:
5. Grade Level or Grade Taught
6. Subject Area of Grant Request (Science, Arts, etc.)
7. Number of Students Impacted or Number Benefiting From Project
8. Date Grant Needed by or Implementation Date
9. This project is: (check one) \_\_\_new to the district; \_\_\_new to my campus; \_\_\_new to me.
10. Description of the Proposed Project/Activity. Describe what you want to do with the grant funds. Be brief, but list activities and timeline. How is it innovative?
11. Describe the benefit to our students.
12. List any community partners.

13. Evaluation Strategy. Describe how you will know if you objectives are met. How will you share your program's success with your peers?

14. Please list each budget item along with the vendor and cost per item.

15. Total dollar amount requested up to \$100.

Applicant Signature: \_\_\_\_\_

Applicant Email: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Please Return to  
Town Square Community  
Foundation PO Box 522  
Rosebud, Texas 76570