ABILENE EDUCATION FOUNDATION
STAR TEACHER GRANT APPLICATION

Grant Number (AEF use only)

GRANT TITLE: *

Date Submitted *

Meets Mary Ann Polnick 21st Century Learning Grant Requirements. *

Check here if more than one applicant

☐

Name *

Room Number *

Campus *

Primary Applicant"s E-Mail *

ex: myname@example.com

Total Amount of Funding Requested (requests should not exceed $1,000) *

Grade(s) *

Subject(s) Taught *

Applicant Signature/Release Statement *

☐ I/We certify that the names listed in this grant application are fully aware of the content of this application and its purpose. I/We give consent to the Abilene Education Foundation to take photographs, record video, and audio of me/us and to use these for educational, promotional, and/or marketing materials.

Principal(s) Signature *

☐ I certify, by adding my name below, that I am aware of the content and purpose of this application and fully support the goals/projected outcomes of this grant application.

Principal"s Name *

Date *

Grant Number (AEF use only)

GRANT TITLE: *

Grant Summary (30 pts.) (Write a short, one-paragraph summary of your grant proposal. Please include a brief description of the project, the number of students who will benefit from the project , how you project reflects creativity or innovation, and the project"s intended outcome.) *

Grant Number (AEF use only)

GRANT TITLE: *

Purpose (30 pts.) Briefly describe what do you want to achieve. How will your project benefit your students? *

Grant Number (AEF use only)

GRANT TITLE: *

Rationale (20 pts.) (Importance and relevance to Campus STARR Action Plan, Campus Improvement Plan, or other campus goals.) *

Evaluation Process (20 pts.) (How will you measure the success of this project?) *

Grant Number (AEF use only)

GRANT TITLE: *

Grant Application Budget Information

Budget information should be obtained from current vendor catalogs or through price quotes. You may use the vendor of your choice. Monies may be donated back to AISD if district discounts from approved vendors are applicable and items are ordered through the district process. Please include costs for shipping and handling. Do not include sales tax, as all purchases are tax exempt.

Vendor(s) *

Item Description *

Check box if more than one type of item is to be purchased.

☐

Item Cost ($0.00) *

Quantity *

ex: 23

Item Cost x Quantity ($0.00) *

Shipping/Handling ($0.00) *

Total Cost *

Total Project Cost *

Submit