



Grant Application No. _____

**Maroon and Gray Education Foundation
Grant Application Cover Page**

Please type this application.

Project Title _____

Amount Requested _____

Name/s and signature/s of all applicants associated with this grant application:

Print Name	Signature	Print Name	Signature
1.		5.	
2.		6.	
3.		7.	
4.		8.	

School(s) _____

Grade(s) _____

Subject(s) _____

Please include number of students and the population to be served. Also include number of teachers/administrators involved in grant.

1) # _____ Students - Target Group: _____ 2) # _____ Teachers/Administrators

Implementation Date: _____ Completion Date: _____

Is this an existing program? Yes No If yes, is this a new component to the existing program? Yes No

How does this relate to the Texas Essential Knowledge & Skills? _____

Signature of Principal _____ Date _____

Abstract (no more than 100 words):

Please keep wording concise and summarize a clear picture of your goals and objectives.



Maroon and Gray Education Foundation

**Grants for Innovative and Creative Learning
Application**

Project Title _____

Purpose: (Expectation of outcomes in general terms)

Rationale: (Relevance to your campus plan)

Objectives: (Objectives must be measurable in terms of student behavior or performance)

Tell us how this grant is innovative: (If this is an existing program what new components are added?)

Please keep wording concise and summarize a clear picture of your goals and objectives.

Description of Instructional Procedures, Methods (if applicable) or activities which will be utilized:

Project Evaluation: (How will you evaluate the success of the project?)

(WRITTEN EVALUATION SUMMARY DUE WITHIN 30 DAYS OF COMPLETION OF THE PROGRAM/PROJECT TO THE MAROON AND GRAY EDUCATION FOUNDATION BOARD OF DIRECTORS)

Identify any school-community partners involved in the project and their respective role(s) including any additional funds and /or resources above the allowable grant amount.

Please list your Grant spending. A special grant budget code will be provided by the Cooper ISD business office if your grant is approved.

<i>BUDGET ITEM:</i>	<i>VENDOR</i>	<i>BUDGET AMOUNT</i>
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Principal's verification & approval

Grant applications should be submitted to:

Please keep wording concise and summarize a clear picture of your goals and objectives.