2018-2019 KARSP FOUNDATION CLASSROOM GRANT APPLICATION

(Please do not write on back of pages)

Kansas Association of Retired School Personnel Foundation will award its grant(s) in June, 2019. The grant(s) will be \$500; future grants will be subject to availability of funds. This grant will be awarded for a *creative/innovative* project that directly impacts students.

To be considered for the grant, the applicant must meet one of the following requirements and must submit a complete application by Friday, February 15, 2019. Certified PreK-12 public school teacher currently teaching in Kansas Tenured or tenure earning teacher at a Community College/ State University in Kansas Administrator currently employed at a PreK-12 public school, Community College or **State University in Kansas** ___ Member of the Support Staff in Kansas at a PreK-12 public school, Community **College or State University** Please print Applicant's Name: ______ Date: _____ Project Title: School District Name and USD Number: School Name: School Address, City, ZIP: School Telephone Number: Your Position: ____ Home Address: ____ Home Phone Number: _____ Home E-mail Address:

Signature of Applicant:

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APPLICATION FOR KARSP FOUNDATION GRANT Detailed Project Narrative

Project Title:				
Α.	Brief description of project objectives and the need project addresses:			
В.	Itemized funding request, including materials needed and the methods you will use:			

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Z.	Give a time schedule for implementation:		
n	Approximately how many students will be impacted by this project, both		
υ.	directly and indirectly?		
Е.	How will you know whether your objectives have been achieved and whether your project has been successful?		

APPLICATION FOR KARSP FOUNDATION GRANT

This page is to be completed by the immediate supervisor of the applicant.

Project Title:			
Approximate Number of Students impacted by Grant:			
Amount of funds requested:			
Brief Summary of Project:			
I am recommending this project as worthy of consid Board. To the best of my knowledge there are no of it would not be possible without the funding of the K	her funds available to finance this and		
Signature of Immediate Supervisor			
Print Supervisor's Name			

Return the <u>original completed application</u> to KARSP Foundation, 1420 SW Arrowhead Road, Suite 100, Topeka, KS 66604. The application form must be postmarked no later than Friday, February 15, 2019.