

**2025-2026 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, 2026. The grant(s) will be a minimum of \$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 February 15, 2026.**

\_\_\_ **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**

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**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:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Home E-mail Address:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**APPLICATION FOR KARSP FOUNDATION GRANT**  
*Detailed Project Narrative*

**Project Title:** \_\_\_\_\_

**A. Brief description of project objectives and the need project addresses:**

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**B. What does the project address and how will the outcomes be measured?**

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**C. Itemized funding request, including materials needed and the methods you will use: (attach separate sheet if necessary)**

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**D. Description of the materials and needs:**

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**E. Give a time schedule for implementation:** \_\_\_\_\_

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**F. Approximately how many students will be impacted by this project, both directly and indirectly?**

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**G. How will you know whether your objectives have been achieved and whether your project has been successful?**

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**Your Immediate Supervisor is recommending this project as worthy of consideration by the KARSP Foundation Board. To the best of my knowledge there are no other funds available to finance this and it would not be possible without the funding of the KARSP Foundation Board.**

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*Name of Principal/Supervisor*

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*Phone Number*

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*Email of Principal/Supervisor*

*Is your supervisor aware of your application status?    Yes    No*

**Return the original completed application to KARSP Foundation, 990 SW Fairlawn, Topeka, KS 66606. The application form must be postmarked no later than February 15, 2026.**

**Should you choose to send your application electronically, send to [director@karsp.org](mailto:director@karsp.org) by February 15, 2026 5:00 pm.**