

TEXARKANA ARKANSAS EDUCATION FOUNDATION

Grant requests are reviewed monthly, September to November and January to April. Our meetings are held on the 3rd Tuesday of each month (subject to change.) Our funds are available to provide enriching activities, projects & programs for the students of the Texarkana Arkansas School District. Programs that reach a number of students and can be reused are our priority. The maximum amount the Foundation will reward to any individual grant request is \$1,000. We discourage requests for field trips, food, and incentive programs. We cannot fund any type of pay for services rendered. However, we handle each request on an individual basis. We look forward to hearing & reviewing your grant request.

GRANT APPLICATION

BY

Your Name

School Name

Date

Please attach a letter of support from your campus principal.

Hand delivered applications will be accepted. You can use the inner School mail system by delivering to the Administrative Office, front desk, by the end of the month (please contact Jennifer Chesshir at 903-277-5433 if you deliver to Administrative Office) or mail original and ten copies of this application to:

**Texarkana Arkansas Education Foundation
P. O. Box 1395
Texarkana, AR 75504**

GRANT APPLICATION COVER PAGE

Project Title: _____

Name(s) of Applicant(s): _____ Signature(s) of Applicant(s) _____

School(s) Involved: _____

Grade(s): _____

Number of students impacted by this grant: _____

Teaching Assignment(s) _____

Will grant be reusable from year to year? _____

Signatures: This application must be signed by your Principal and by the Superintendent or Assistant Superintendent. By signing this application, these people verify your eligibility for the application, agree to support your efforts if awarded the grant, and will see to it that funds are spent as agreed for the purpose agreed.

Principal's Name

Principal's Signature

Superintendent's Name or Asst. Supt.

Superintendent's Signature or Asst. Supt.

REQUIRED SIGNATURE OF APPLICANT:

The Applicant attests that the information provided in the Application is true and accurate to the best of their knowledge. The Applicant understands that any false or misleading information on this Application may result in the removal of Application from consideration by the Foundation and forfeiture of any grant awarded. The undersigned further understands the purpose of the Program is to provide financial aid and educational support for educators. If enrollment is not maintained by identified professional development course work, or programs are not fully developed, any grant award not dispersed by the Foundation, or fully expended by the Applicant, will be forfeited.

Signature of Applicant

Date

**ANY AND ALL ITEMS PURCHASED WITH TEXARKANA
ARKANSAS EDUCATION FOUNDATION MONEY WILL
BECOME PART OF TEXARKANA ARKANSAS SCHOOL
DISTRICT**

Project Title: _____

Purpose: (What is the goal of this project?)

Rationale: (Briefly state the importance and relevance of this project to students, school, and district goals.)

Have you applied for any other grants for this project? If so, what were the outcomes of your efforts?

Detailed Budget

(Please attach any supporting information to your application)

Budget Item	Vendor	Budget Amount

Total Amount Requested* \$ _____
(including tax and shipping)

Will T ASD pay any part of these expenses? _____

If so, what amount? _____

What reasons were given for T ASD not funding this project?

*The Texarkana Arkansas Education Foundation will not reward more than \$1,000 for any individual grant request.

OTHER REQUIREMENTS:

School name, address, and phone number: _____

School email address: _____

Home email address: _____

Home or Mobile phone number: _____

Would you be willing, when invited, to present a summary of this program/project to Texarkana Arkansas Education Foundation at the conclusion of the program/project, and would you make yourself available for photos? _____

Will this grant support state curriculum? _____

If your grant is funded, please provide Texarkana Arkansas Education Foundation with photos of students using the items purchased along with detailed receipts.

Mail all receipts and photos to the address listed below as soon as possible. Please include your name, the name of your grant, your school, and the grade level of the students using the items purchased.

**Texarkana Arkansas Education Foundation
P.O. Box 1395, Texarkana, AR 75504**

**For more information contact
Jennifer Chesshir at 903-277-5433 or
Jennifer@firsttapeandlabel.com**