



# Inspiration Boost Application

Date: \_\_\_\_\_

\_\_\_\_\_ Individual Teacher/Classroom Project

\_\_\_\_\_ Department/Grade Level Project

\_\_\_\_\_ School Wide Project

Applicant Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Department: \_\_\_\_\_

Project Title \_\_\_\_\_

Expected Project Date(s) \_\_\_\_\_

Project Description: \_\_\_\_\_

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Share the standards and best practices that will be supported by this project:

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Applicants must provide an itemized list of all project supplies with an estimated total cost, not to exceed \$250.00 for individual classroom projects or \$750 for Grade level/Department/School Wide projects. Attach a separate sheet if additional space is needed

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**For all Grade Level/Department/School Wide Projects:**

**As the Building Level Administrator, I am aware of this application and am in favor of it being completed on my campus.**

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**Printed Name**

**Signature and Date**

As the applicant, I agree to the following:

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- I understand funding of this project is not guaranteed.
- I understand non-consumable supplies (durable items) become the property of SVUSD
- I may invite the Education Foundation Board members to my classroom during or following the project.
- **Within 30 days of receiving the donation, unless otherwise approved, I will turn in all receipts for project expenses along with a short reflection regarding the preparation and outcome of the project.**
- I grant the Education Foundation of Sierra Vista permission to publish my reflection and approved classroom photos on the EFofSV website and social media, such as Facebook.

**The typing your name below and submission of the application represents your agreement to the above.**

Name:

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