



# Inspiration Grant Teacher Application

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

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

Grade/Subject taught: \_\_\_\_\_

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

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

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

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

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Share the academic 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, including shipping and tax. Funding may be approved for up to \$250.00. Attach a separate sheet if additional space is needed

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Should this project be funded by a specific donor or through a general donation from the Education Foundation of Sierra Vista, 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 Donors and/or 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.

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

Name

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