JUNIOR MEMBERSHIP COMMITTEE

Heather Bryant & Ginger Pastrano, Junior Membership Committee Co-Chairs
Frances Shelby, Chair Junior Shoppe Email: ***classroomgrants@txdar.org***

Deadline to Sponsoring Chapter: July 31 & Jan 31 - Deadline to the State Chair: Aug 5 & Aug & Feb 5

Chapter point of contact for application:_____

Name, phone number, email:_____

Title I Texas Classroom Grant Application

Name:_____ Email: _____

Personal Phone #: _____

Current teaching field: _____ Grade level: _____

Prior to this year, list total years of teaching experience:_____

Title 1 School Name: _____

District: _____ School Address (Mailing & physical if different)

_____

_____

Principal Name: _____ Phone #: _____

Principal email: _____ Phone # for school district:_____

Teacher Check List: (Completed by Teacher)

- ◊ All application questions completed.
- ◊ Application is limited to the two original pages of the application.
- ◊ Signature on the application by the teacher and school principal or district superintendent.

Application returned to the sponsoring chapter on_____

The endorsement supports that the grant funds will be spent as stated in the application. By signing, the school official is verifying employment for the 2025-26 school year of the employee in the school district, and that funds will be used as described in this application. Should the applicant change employment status, please inform the Junior Membership Committee Chairs.

Applicant's Signature_____

School Principal or District Superintendent Signature _____

Winners chosen at the discretion of the Community Classroom committee. All Signatures on this page should be original for the application to be considered a finished application. If selected as a grant winner, please identify the party to whom the check should be made out (Name of teacher, name of the school, or name of school district, and provide the mailing address).

_____

_____

Texas Classroom Grant Application

Please limit answers to the following questions to the space provided. No additional pages should be attached.

List any previous grant or scholarship funding received from DAR and dates.

Briefly describe your project in two to three sentences.

Describe the areas of student achievement you wish to address and give any data that supports the need. (Health, Literacy, and General Education).

Describe how the grant funds will be utilized, detailing specific costs they will cover and how the program/project aligns with its intended purpose.

List the activities and timeline. How is it innovative? Please be specific.