



2021-2022 TEACHER COLLABORATIVE INNOVATION GRANT SIGNATURE PAGE

Primary Applicant Name	Grade & Subject Teaching (or Department if Not a Classroom Teacher)	Name of Campus

If more than six applicants, please include additional applicants on a Separate piece of paper and insert after this page in your application.

Due Date: March 4, 2022	Email to: lawsonj@georgetownisd.org	Subject: Teacher Grant
----------------------------	--	---------------------------

In signing this application, I am certifying that this proposed project would be a good use of funds for our school or department.

Principal/Director Signature

Date

Although not required, you are strongly encouraged to receive grant feedback at a grant coaching session to be held February 21st. Please check if you attended a session

YES

NO