

Grant #	
For Foundation Use	

Carthage Education Foundation Grant Application Cover Page

Project Title:	
Campus/Grade(s):	
Subject:	
Total Amount of Funding Request:	
Applicant's Name	Applicant's Signature
Principal's Name	Principal's Signature

<u>Teachers</u> - signed grant applications should be submitted to campus principals by **January 15, 2026**.

<u>Campus Principals</u> - signed applications (original copy) should be turned in to **Tracey Smith**, CISD Education Foundation Executive Director, by **4 P.M. on January 20, 2026**.

Phone: 903-693-3806; Fax: 903-693-2511 tsmith@carthageisd.org



Carthage Education Foundation Grant Application

Project Title:
Number of Students Impacted: out of students
Date or Semester of Implementation:
In a short paragraph, please explain your grant proposal to the Grant Selection Committee. Please include your expectations, instructional methods, and how this grant impacts student behavior or performance.
Campus SBDM Chair Signature:

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Carthage Education Foundation Grant Application

Project Title:		Da	te Submitted	d:/			
Budget information should be obtained from current vendor catalogs or through price quotes.							
Item Description	С	uantity	Price	Total Cost			
Notos	•	,		•			
Notes:		Subtotal					
		Discount					
		Extra Charges					
		Shipping					
		TC	TAL				

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