

**2018 KARSP FOUNDATION  
CLASSROOM GRANT APPLICATION**

(Please do not write on back of pages)

**Kansas Association of Retired School Personnel Foundation will award its grant in June, 2018. The grant will be \$500; future grants will be subject to availability of funds. This grant will be awarded for a *creative/innovative* project that directly impacts students.**

**To be considered for the grant, the applicant must meet one of the following requirements and must submit a complete application by Friday, February 16, 2018.**

\_\_\_ **Certified PreK-12 public school teacher currently teaching in Kansas**

\_\_\_ **Tenured or tenure earning teacher at a Community College/ State University in Kansas**

\_\_\_ **Administrator currently employed at a PreK-12 public school, Community College or State University in Kansas**

\_\_\_ **Member of the Support Staff in Kansas at a PreK-12 public school, Community College or State University**

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**Please print**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**School District Name and USD Number:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**School Address, City, ZIP:** \_\_\_\_\_

**School Telephone Number:** \_\_\_\_\_

**Your Position:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Home E-mail Address:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_



**C. Give a time schedule for implementation:** \_\_\_\_\_

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**D. Approximately how many students will be impacted by this project, both directly and indirectly?**

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**E. How will you know whether your objectives have been achieved and whether your project has been successful?**

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**APPLICATION FOR KARSP FOUNDATION GRANT**

*This page is to be completed by the immediate supervisor of the applicant.*

**Project Title:** \_\_\_\_\_

**Approximate Number of Students impacted by Grant:** \_\_\_\_\_

**Amount of funds requested:** \_\_\_\_\_

**Brief Summary of Project:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am recommending this project as worthy of consideration by the KARSP Foundation Board. To the best of my knowledge there are no other funds available to finance this and it would not be possible without the funding of the KARSP Foundation Board.**

\_\_\_\_\_  
*Signature of Immediate Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Supervisor's Name*

\_\_\_\_\_  
*Position*

**Return the original completed application to Gary Price, KARSP Executive Director, 202 Kisiwa Parkway, Hutchinson KS 67502. The application form must be postmarked no later than Friday, February 16, 2018.**