



PO BOX 1269
Pearsall TX 78061

VIRGINIA THOMPSON PEARSALL EDUCATION FOUNDATION

Grant Application
No. _____
(For VTPEF use)

Innovative Teacher Grant Application
Typed Grant must be submitted by: *September 6th 2024*

Teacher's Name: _____ Cell Number: _____
Teacher's Email Address: _____ Campus Name: _____
Grade Level: _____ Subject Taught: _____

Title/Name of Proposed Project: _____

1. How much money are you requesting for your project? _____
2. How many students will benefit from this project? _____
3. Describe in detail your project and what you need to do to accomplish this endeavor.

