

PARTNERSHIP APPLICATION COVER PAGE

Project Title: _____

Organization(s): _____

Name(s) of Applicant(s)

Signature(s) of Applicant(s)

School(s) _____

Grade(s) _____ (list each grade level to be served)

Subject(s) _____

Number of Students Impacted _____

Primary target population to be served:

_____ Students (target group: _____)

_____ Parents

_____ Teachers

Implementation dates: _____

CHECK ONE: This project is:

New to the district

New to campus

Signature of Project Organizer _____ Date _____

PARTNERSHIP APPLICATION

Abstract: (Explanation of Proposal)

Need: (Describe need and provide supporting data.)

Objectives: (State objectives of proposal.)

Description of Proposed Project / Activity: (Describe what you want to do with the program. List activities and timeline.)

Evaluation Strategy: (Describe how you will know if your objectives are met.)

Partners: (Identify any school and/or additional community partners involved in the project and their respective roles.)

Sustainability: (Please describe how will you continue the program/project in the future?)

Partnership Application should be submitted to the Tyler ISD Communications Office at
1319 Earl Campbell Parkway Tyler, Texas 75701 or email to Dawn.Parnell@tylerisd.org