



2025 Teaching Innovator Grant Application Form up to \$250.00

Due date: October 31, 2025 for 2nd Semester 2025-26 Activities

To submit, complete the fillable pdf form, print, scan, and email to chris@localforever.org or print and mail the completed form to Our Community Foundation, PO Box 84, Washington, IN 47501. **Handwritten applications will not be accepted.**

Date of Application:

Teacher Name:

Phone:

Email:

Grade Level:

School Name:

Principal Name:

Please be sure to include signed principal approval form with your application.

Project Name:

Amount Requested

Project Implementation Time Period:

Purpose of Project: (please tell us how this project is innovative and new to students' in-school or in-class experience):

Describe how this project will better prepare Daviess County youth for success in our ever-changing world.

*Signature By signing, I verify that all the information
provided is accurate to the best of my knowledge.*

Date

Printed Name



2025-26 Teaching Innovator Grant Verification of Principal Approval Form

I have reviewed the first semester 2025-26 Teaching Innovator Grant Application Form prepared by

Teacher name

for the

Project name

I support this project at

Name of school

Signed: _____

Date _____

Printed Name: