



SMALL GRANT APPLICATION

Date of Application: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Email: _____

Application is endorsed by: _____

(Identify teacher, counselor or administrator that endorses request)

GRANT INFORMATION:

Title of Project/Activity: _____

Number of Participating Students/Parents/Teachers: _____

Amount Requested: \$ _____

Start and End dates for Project/grant activity: _____

Project/Activity Description: (Describe your project with details on activities, benefits for students, how results will be measured - you may attach a one page description)

How does this project/activity meet the mission of the foundation or enhance the educational needs of the students of the district?
