MINI GRANT APPLICATION

Applicant_____Email_____

Cell_____School_____

School phone_____

Grade or Grades to be impacted_____

Name of Grant_____

Team _____ Individual _____

1. Will the Grant be used to fund programs/projects that cannot otherwise be provided for in the campus and/or District Budget?
   YES _____ NO _____
2. Does the Grant conform to the Educational Objectives of the GPISD?
   YES _____ NO _____
3. If this request for a technology grant, has the Technology Department approved the request?

**If yes, please provide documentation of approval with application.
   YES _____ NO _____
4. How many students will be impacted?

   a. This School Year? _____
   b. Next Year? _____
   c. Future Years? _____

Please provide a brief explanation of project implementation.

5. Describe the educational purpose of this request. How will this benefit the education of the students?

6. Have you previously received a grant from GPISD Education Foundation? Yes _____ No _____ **If yes, when? Semester and Year awarded Fall _____ Spring _____ School year _____

7. Describe what you wish to purchase including:

Item	Quantity	Unit cost	Total

(If additional space is needed, please attach information to this application)

Total grant funds requested per this application: _____

8. Describe what you hope to achieve from an instructional/educational perspective with the grant.

9. How will success be defined?

PRINCIPAL APPROVAL:

I have read the Grant Application and attest that it meets the teaching and learning objectives of the GPISD. Furthermore, this Grant Application is suitable for the students of the campus. If awarded, all purchasing policies and procedures of the GPISD will be followed.

Principal/approved principal/designee signature and date: _____

Applicant signature and date: _____