

Mini Grant Application

For innovative classroom projects, professional growth and development, and enrichment programs for students and staff.

Amount Requested:		
Subject Area of Request:		
Grade Level:		
Applicant:	 	

Name:	Date:
1. DESCRIPTION OF PRO iterature may be attached	DPOSAL (if supplies are included, provide an itemized list; other)
	POSAL BENEFIT OUR SCHOOL AND STUDENTS?
HOW WILL THIS PROP	OSAL BENEFIT OUR SCHOOL AND STODENTS!
3. ESTIMATED BUDGET	FOR THE MINI-GRANT
Signature of Applicant: _	
	on: (Must accompany individual student(s) requests)
	he student and the program. or the student or the program.
eacher Comments:	
Signature of Principal/Su	uperintendent (Required for all applications):
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