



Teachers Min Grant Application

I. Applicant

Name
Contact e-mail
Grade
Relationship with School

II.

Amount

<ol style="list-style-type: none">1. Total amount - Amount of grant your group is applying for and will it cover all the costs for the project.2. Itemized budget with all items needed.

III. Description of Project

Description of the project or item	
Please Explain how it fits in the curriculum	
Number of students that will benefit from this project and how will they benefit	

IV. Applications submitted on a rolling basis and will be reviewed within 4 weeks

***Applications can be submitted on a rolling basis and will be reviewed within 4 weeks.**

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date