 Foundation for Boyertown Education

2019 Mini Grant Application

Name:

Date:

School:

Department/Grade:

Total Project Cost:

Total Requested Amount:

Phone:

Email:

1. Title of Project or Activity.
2. Please provide information indicating the purpose of this project or activity.
3. Number of students that will benefit from this project or activity.
4. What are your objectives?
5. How will this project or activity benefit students?
6. How will you carry out project or activity?
7. Date of activity and/or when materials or funds are needed (If applicable)
8. Can this project be implemented with partial funding, or is there any other funding you can apply for?
9. How will you determine if the project is successful?
10. Of your total requested amount please provide supporting documentation for all items needed as well as the estimated costs. Include where the items will be purchased and name of store/site where you plan on purchasing items.
11. Additional comments:

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_