

Grossmont High School Educational Foundation

Application for Up To \$2000 Classroom Mini-Grant

Submissions are open from August 1st – May 10th for consideration

DATE _____

TEACHERS NAME(S) _____
(if more than one teacher listed, please indicate a contact person)

Teacher's Email _____

GRADE/SUBJECT/DEPARTMENT _____ Counselor _____

TITLE OF PROJECT _____

PURPOSE/OBJECTIVES OF THE PROJECT _____

HOW WILL THE PROJECT BENEFIT GHS STUDENTS? _____

ACTIVITIES PLANNED *(Also include way(s) in which this project will be implemented into your regular program.)*

RESOURCE PERSON (if any) _____

EVALUATION *(what measurements and/or procedures will be used to evaluate the results of the project and document the outcome?)*

GHSEF Mini Grant Application Form

Page 2 of 2

FINANCIAL DATA *(What materials will you need for this project? Please list all ordering information including material(s) needed, source(s) for ordering, cost(s), and shipping expenses.)*

Choose one below.

I have listed my needs in order of priority and I'm willing to receive a partial grant.

I would only like to have the entire grant funded.

MATERIALS NEEDED

COMPANY

COST

(attach additional paper if necessary)

TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED _____

Applicant(s) Signature(s)

Date

Reviewed and Approved _____

GHSEF President

Date

Please Return the Complete Application to:

**GHSEF Mini-Grant
GHSEF Box in the administration building**

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