



K-12 Mini-Grant Program

BEF Use Only
Proposal # _____
Funded \$ _____
Comments _____

Application

Use only space provided. Answer all questions. No attachments accepted. Applications must be typed or computer printed.

Project Title _____

Teacher's Name _____ Grade _____ Subject Area _____

School _____ Principal _____

School Address _____

Teacher's Home Address _____

Teacher's Phone _____ E-Mail _____

School Phone _____ Fax _____

Total Amount Requested: _____

Project Description

1. Project Overview: *Briefly describe your project. What is (are) the goal(s)? How does this project support present and future educational objectives?*

2. Project Implementation: *State methods and activities.*

