

Lubbock Area Foundation Mini-Grants for Teachers

APPLICATION FORM

SCHOOL INFORMATION

Name: _____

Phone: _____

Mailing Address: _____

City: _____ Zip: _____

Principal Name: _____

Email: _____

TEACHER INFORMATION

Name: _____

Position/Grade Level: _____

Phone: _____
(where you can be reached when the school year ends)

Email: _____

Home Address: _____

City: _____ Zip: _____

BLIND REVIEW PROCESS - DO NOT INCLUDE YOUR NAME, SCHOOL OR OTHER IDENTIFYING INFORMATION BEYOND THIS POINT

PROPOSAL SUMMARY

Project Title: _____

Grade Level: _____

Number of Students: _____
(include only those benefiting directly from project)

Project Start/End Dates: _____

Total Project Budget: \$ _____

Amount Requested: \$ _____

Brief Project Summary (100 words or less):

	YES	NO
Is this a collaborative project/will other teachers and classrooms be involved?	<input type="checkbox"/>	<input type="checkbox"/>
Will this project continue beyond the grant period?	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied for a grant for this project through the LISD Foundation for Excellence?	<input type="checkbox"/>	<input type="checkbox"/>



PROJECT INFORMATION

Project Description *(What need will be addressed, what will you do and how, how will this project improve student learning/enhance existing curriculum, what do you hope to achieve, etc.?)*

Timetable *(When will the project take place)*



