

# 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	N/A
Have you completed certification and/or training required by your district for technology and equipment related to this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this a collaborative project/will other teachers and classrooms be involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will this project continue beyond the grant period?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>



**PROJECT INFORMATION**

**Project Description** *(What need will be addressed, what will you do and how, what do you hope to achieve, etc.?)*

**Timetable** *(When will the project take place)*



