Classroom Mini-Grant Application Form

Applicant Information:

Name: _____

Position: _____

Department: _____ Email: _____

School/College: _____ Campus Phone: _____

Please attach name and contact information for additional grant members, if applicable.

Grant Request Information:

Grant Title: _____

Amount Requested (limit $300.00): _____

Course Name, Number, Section: _____

Semester of implementation: _____ Fall   _____ Spring   _____ Summer

Number of students that this project will impact: _____

Request Summary: *Describe the proposed grant request, including the overall goals and how the requested funds will be used in the classroom.*

Budget: Provide an itemized budget. Include specific budget items, amount, and justification.

Applicant Signature and Date: _____

Application Attachments: Course syllabus (required)