

## Skyline Education Foundation Teacher Mini Grant

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

E-mail Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ (Maximum: \$500)

Date money is required: \_\_\_\_\_

(Applications are reviewed at Board meetings which take place once every 2 months. Please plan accordingly.)

Check the area that most apply to your request:

- |  |   |
|--|---|
| <input type="checkbox"/> Arts                      | <input type="checkbox"/> Field Trip             |
| <input type="checkbox"/> Athletics                 | <input type="checkbox"/> Music                  |
| <input type="checkbox"/> Community Service         | <input type="checkbox"/> Others _____ (specify) |
| <input type="checkbox"/> Education Supply/Resource |   |

Describe the reason for your request and attach any relevant documents:

(include details such as date of the project/activity, how the money will be used, how the grant will benefit you/student/school.)

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Describe how you would measure the success of the activity: \_\_\_\_\_

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Head of Dept Recommendation: \_\_\_\_\_

Administration Approval: \_\_\_\_\_

**If this grant is awarded, a report of the project/activity is required and may be used for promotion in the community. Submit your report to the Principal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SEF Board: \_\_\_\_\_ Approved (Amount Approved \$ \_\_\_\_\_) \_\_\_\_\_ Not Approved**