



Teacher Mini-Grant Application (2024-2025)

Teacher Name: _____ Date: _____

Preferred Email: _____

Project Name: _____

Amount Requested: _____ Total Project Cost: _____

Would you accept partial funding? _____

Total number of students: _____ Grade(s) of students: _____

Career Center (only): Number of LHS students in this class: _____

Question #1

Describe your program or project.



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Question #2

List detailed costs for materials and equipment, plus any other program expenses.

Teacher's Electronic Signature

Date