



**RUSH-HENRIETTA MINI-GRANT  
INFORMATION FORM**

Grant Title:

Name(s) of Applicants:

Contact Person:

Home Address:

Street

City

State

zip

School:

School Address:

School Phone:

Home Phone:

Grade or Subject in which mini-grant will be used:

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I agree to follow the terms and conditions of the Rush-Henrietta mini-grant program as stated in the guidelines.

Applicant Signature(s):

Date:

I have read and approved this mini-grant proposal.

Principal

Date

**Office Use Only:**

Date Received: \_\_\_\_\_

Number: \_\_\_\_\_

**RUSH-HENRIETTA MINI-GRANT  
APPLICATION PROPOSAL FORM**

|                  |                    |                     |               |
|------------------|--------------------|---------------------|---------------|
| <b>CATEGORY:</b> | #1 Course          | <b>GRADE LEVEL:</b> | Primary       |
|                  | #2 Conference      |                     | Intermediate  |
|                  | #3 Action Research |                     | Middle School |
|                  |                    |                     | High School   |

**1) PROPOSAL**

GRANT TITLE:

GRANT DESCRIPTION: (Write a brief synopsis of what you want to do, relating the activity to district goals and priorities, building AOP, student achievement data, and/or learning standards.)

**2) GOALS and EXPECTED OUTCOMES:** (Clearly define outcomes as they relate to a described need.)

**3) IMPACT ON STUDENTS** (Briefly describe the potential impact this activity will have on students in terms of engaging them in learning and achieving higher standards.)

4) **SHARING WITH COLLEAGUES** (Briefly explain how you will share this mini-grant activity with colleagues, ie. presenting at an R-H Teacher Center workshop, publishing project results, faculty presentation, class demonstration, sharing conference materials, study group, etc.)

5) **MEANS OF EVALUATION** (Briefly explain what process you will use to evaluate the effectiveness of the mini-grant activity and determine if your objectives have been met.)

6) **PROPOSED BUDGET** (Itemize all expected expenditures - not to exceed \$500.00.)

EXPENDITURES

AMOUNT

**TOTAL: \$**

7) Has funding been requested from any other source?      Yes      Source

No

8) Would you accept partial funding?      Yes      No

**Office Use Only:**      Date Received: \_\_\_\_\_      Number: \_\_\_\_\_