



## Mini Grant Application

Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Campus/Grade Level/Department: \_\_\_\_\_

Total amount requesting: \_\_\_\_\_ (up to \$500):

1. Overview/description of how funds will be used:
2. Briefly explain what TEKS you can accomplish with funding:
3. Describe how the knowledge and skills your students will gain will help with other assignments/activities.
4. Include a 3-5 minute video presentation describing your Mini Project. Can be emailed to [marina.garza@aliceisd.net](mailto:marina.garza@aliceisd.net).
5. Please complete if your request includes products and /or equipment. Quotes for technology must be provided by the AISD Technology Department.

ITEM	VENDOR	UNIT COST	SHIPPING	QUANTITY	TOTAL COST

Principal approval signature: \_\_\_\_\_ Date: \_\_\_\_\_