



# Mini-Grant Application

**Applicant:** \_\_\_\_\_

**School/School Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Best time to contact you:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Amount of funds requested :** \_\_\_\_\_

**Age/Grade level to which your project is directed:** \_\_\_\_\_

**Number of students this project will serve:** \_\_\_\_\_

**Briefly describe the project:** \_\_\_\_\_

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**How is this project innovative or why is this an area of special need in your classroom?**

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**What will/was the money spent for?** \_\_\_\_\_

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**Are you an Educational Credit Union member? Yes— No (please circle one)**

**Recipients of the grant will be contacted as selections are made.**

**Please fax a copy of your application to : ECU Mini-Grants 785.271.6868**