



Apply for the Dana Brown Teacher Mini-Grant Program

MINI-GRANT TITLE

TOTAL AMOUNT REQUESTED

Applicant Information

NAME

HOME ADDRESS

POSITION

SCHOOL

DISTRICT

SSD VOICEMAIL

EMAIL

HOME PHONE

WORK PHONE

ARE YOU THE ONLY APPLICANT?

Co-Applicant Information

CO-APPLICANT NAME

CO-APPLICANT HOME ADDRESS

CO-APPLICANT POSITION

CO-APPLICANT SCHOOL

CO-APPLICANT DISTRICT

CO-APPLICANT SSD VOICEMAIL

CO-APPLICANT EMAIL

CO-APPLICANT HOME PHONE

CO-APPLICANT WORK PHONE

Mini-Grant Information

SELECT THE CATEGORY THAT BEST DESCRIBES YOUR GRANT.

HOW MANY STUDENTS WILL BE SERVED?

AGE(S) OF STUDENTS SERVED

STUDENTS' EDUCATION DIAGNOSIS

PROJECT DESCRIPTION

Itemized Project Budget

COSTS OF EACH REQUESTED ITEM

Item Name	Cost

TOTAL AMOUNT REQUESTED

PARTIAL FUNDING WOULD BE...

DESCRIBE THE PREPARATIONS INVOLVED IN DEVELOPING THE PROJECT.

DESCRIBE THE EVALUATION PROCESS FOR THE PROJECT.

RESEARCH SUPPORT

WERE YOU A RECIPIENT OF A SPECIAL EDUCATION FOUNDATION GRANT LAST YEAR?

DID YOU COMPLETE AND SUBMIT THE FEEDBACK FORM FOR THAT PARTICULAR MINI-GRANT?

Your Application Must Have Approval from Your Area Coordinator or Principal

HAVE YOU ASKED YOUR PRINCIPAL OR AREA COORDINATOR OR PTO TO FUND YOUR PROJECT?