CLASSROOM FUNDING

Teacher Mini-Grant Application

Empowering Teachers. Inspiring Students.

Application Date: _____

Teacher Information

Name: _____

School: _____

School District: _____

Grade(s)/Subject(s): _____

Email: _____

Phone: _____

Grant Request

Purchase Description: _____

Amount Requested: $_____ (Maximum Award: $200)

Teacher Certification

I certify that the information provided is accurate and that all funds awarded will be used for the educational purpose described in this application.

Teacher Signature: _____ Date: _____

Classroom Funding Inc. Review (Office Use Only)

Approved □ Declined □

Amount Awarded: $_____

Reviewed By: _____