

ID #: _____

Valley View Educational Enrichment Foundation Mini-Grant Application

Please read all instructions before completing this grant form.

Title of Proposal:

Type of Proposal: New ___ Renewal ___ *If renewal,*
Evaluation Submitted (date):
Evaluation attached ___

Applicant's Name:

School: _____ Grade Level(s): _____

School Address:

School Telephone: _____ Home Telephone: _____

E-mail Address:

Area of Concentration (math, art, etc.):

Approximate number of students involved:

Grant Duration: Starting _____ Ending _____

Amount Requested: \$ _____

Applicant's Signature: _____ Date: _____

Foundation Use

Proposal Name: _____

Proposal I.D. Number: _____

ID #: _____

Valley View Educational Enrichment Foundation
Mini-Grant Application
(**\$750 or Less**)

Title of Proposal:

Amount Requested:

Grade level:

Number Students:

New ___

Renewal ___

I. PROPOSAL SUMMARY:

A. General Description:

(Please include purpose and relevance to existing program or curriculum.)

B. Evaluation:

(Please detail how the success of the program will be measured.)

C. Student Population:

(Please describe what type of diverse student population this affects; (i.e. 5th graders tutoring 3rd graders, Challenge students working with Special Ed students.)

