



MINI GRANT APPLICATION

Name: _____ Date: _____

Grade/Position: _____ Work Phone: _____

School/Office: _____ Amount Requested: \$ _____

Project Title: _____

Applicant's Signature: _____

Please type responses to the following questions and attach to this document.
Application should be sent via email to slef@sbsd.org or mailed to:
Southern Lehigh Education Foundation, 5775 Main Street, Center Valley, PA 18034

1. Description of Project.
2. Objectives of the Project. (*How will the school district benefit?*)
3. Project Timeline.
4. Budget. (*Please outline budget for project and how you would utilize the funds you are requesting.*)

Grant Application Deadlines:	
<u>Fall</u>	
October 1 st	Application Due
December 1 st	Decision Rendered
January 1 st – June 30 th	Period of time in which grant may be utilized.
<u>Spring</u>	
March 30 th	Application Due
May 6 th	Decision Rendered
July 1 st – December 31 st	Period of time in which grant may be utilized.