WASHOUGAL SCHOOLS FOUNDATION
MINI GRANT APPLICATION
NOT TO EXCEED $200

Date_____
Name of Grant Writer:_____
Status: (Teacher, administrator, student, parent, community member):_____
School or schools that relate to project:_____
Name of Project:_____
Dollar Amount Requested (not to exceed $200):_____
Number of students involved:_____
Projected Start Date (Timeframe for project)_____

PROJECT PROPOSAL

1. Briefly describe your project. Identify how the WSF grant will be used.

2. Describe how students will benefit from this grant.

3. How will this grant expand or enhance your curriculum.

4. BUDGET OUTLINE: *Please provide a cost summary for requested funds.*

A REIMBURSEMENT FORM WILL BE GIVEN TO GRANT RECIPIENTS. COPIES OF RECEIPTS ALONG WITH THE COMPLETED REIMBURSEMENT FORM NEED TO BE SUBMITTED WHEN ASKING FOR YOUR CHECK.