



ALHS Alumni Association Teacher Mini-Grant Application

Application Instructions: Grant funding periods are September and February.

To receive consideration, fully completed applications **must be received prior to 5:00 p.m. on the last Monday of the preceding month (August & January) to minigrants@lincolnalumni.com** for the two funding periods.

Grant applications not received by the submission deadline will not be reviewed during the current cycle.

Funding Criteria: Mini-grants are a maximum of \$250 and should be used to enhance, enrich and supplement the educational program and should not be used in lieu of SFUSD funding. The quality and completeness of the funding proposal will be a factor in consideration.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED

Request Questionnaire

Applicant: _____ Date: _____

Position: _____

E-mail: _____ Phone: _____

Time period to utilize requested funds: _____

1. Briefly describe your request for funding. If requesting for multiple items, please list each item and its related costs, or attach with application.

2. Briefly describe how the funds will enhance and supplement the regular curriculum for students.

3. How many students will benefit from the mini-grant funding?

4. Please list the resources and funds needed, identifying the items being requested and the cost of each of these items. Please attach photographs and/or links to your request. In the event that only partial funding is available, please prioritize the resources being requested.

Other Funding Sources		
SFUSD	Less \$	
PTSA	Less \$	
Other:	Less \$	
Amount being requested from the Alumni Association	\$	

5. If only partial funding is awarded, how will your request be implemented?

6. Please indicate how you will acknowledge the Association and help inform the community if your request is funded. **This acknowledgment is required by the end of the school year.**

School Site Administrator: As the site administrator responsible for this mini-grant request, I have reviewed this proposal and certify that it meets funding guidelines and district policies. This mini-grant would not be used in lieu of SFUSD funding.

Print Name: _____ Title: _____

Signature: _____ Date: _____