 **Halifax County Public Schools Education Foundation**

 **Teacher Mini-Grant Application**

 **P. O. Box 1114, Halifax, VA 24558**

 **(434) 476-5516, (434) 476-5527 Fax**

 **www.hcpsef.org**

Applicant(s) Name(s)

School                                                                                             Phone

Project Title

Subject Areas and/or Grade Levels

Number of Students Impacted

Grant Amount Requested

1. Briefly describe the project including project objectives, learning activities, and expected results.

2. Itemize cost of materials and resources needed for the project:

If a grant is awarded, I agree to publicize the project and complete an evaluation at its conclusion.

**Applicant(s) Signature(s) Date**

I have reviewed the application for the Teacher Mini-Grant and approve the request.

**Principal’s Signature Date**

*Information provided for this application must be in a readable type size or handwritten and* ***limited to the one page provided.****)*