

Teacher Mini Grant Application

Application Contact

First Name*

Last Name*

Oceana School System*

School Building

Grade Level Taught *

Subject Taught*

Email Address*

Work Phone *

Mobile Phone*

Project Details

Project Title*

Number of Students Served*

Amount Requested*

Total Project Cost*

Brief Project Description*

How will this project enhance student learning?*

How will you evaluate the success of this project?*

Will other classrooms and teachers be involved?*

- Select All
- Yes
- No

Budget*

File Upload

Supporting Documentation 1

File Upload

Supporting Documentation 2

File Upload