



APPLICATION FOR MINI-GRANT FUNDS

Please complete the following form and return it to:

Hilton Education Foundation
PO Box 232
Hilton, NY. 14468

Name _____ Date Submitted _____

**Please provide the following information about your program or project.
Attach additional pages as needed.**

Title of the program/project _____ Date(s) of the program/project _____

Who will be responsible for the mini-grant program/project management and evaluation?

Name _____

School/Department _____ Title/Position _____

E-Mail Address: _____ Phone: _____

Signature: _____ Principal's Signature: _____

Check the type of funding that best describes the request:

Classroom Materials Training Other _____
 Research Special Project _____

Total cost of this activity? \$ _____ Amount requested from The Hilton Education Foundation? \$ _____

Program/project description. Explain: *(no more than one additional page may be attached)*

- Purpose/Goals/objectives of the program/project
- Students/Schools served by this program/project
- Measures of the effectiveness of the project/program (i.e. test scores, attendance rates, increased parental involvement)
- Evaluation: A final report to HEF is required at the conclusion of the program/project or no later than the end of the school year. How will you share what you have learned with others?)
- Budget _____

Is the school or District providing support for this program/project (space, staff, equipment, etc.)? Explain.

Have you applied for funding from other sources for this program/project? _____ If yes, provide the name of the organization and the amount of funding received _____

Have you applied for a Hilton Education Foundation grant in the past? _____ If yes, provide the date, the amount received, and the title of the program/project funded. _____
