

For Office Use Only

Date Received: _____

Application #: _____



Clebune Education Foundation

2025-26 Mini Grant

Name of Applicant:

Phone Number:

Email Address:

Grade/Subject:

Campus:

Project Title:

Amount Requested:

Number of Students Impacted:

In 2-3 sentences, give a brief summary of your project. *(This page will not be seen by the Grant Committee. It is for office use only.)*

I understand that these funds are awarded to support my work in CISD and to my knowledge at this time, I plan to be in CISD for the 2025-26 school year. I also understand that all items purchased with grant funds from CEF become the property of CISD and must remain on a CISD campus.

By entering your name in the box below, you are effectively providing your signature, indicating that all of the information on this form is true and accurate, to the best of your knowledge.

Signature:

Date:

I understand that in order for my application to be considered, I must have approval from my campus principal. Please make sure you visit with your principal in a timely manner in case any changes are required by them before you receive approval.

Dear Principal: By entering your name in the box below, you are effectively providing your signature which indicates your approval of this request. Your signature indicates that all of the information on this form is true and accurate, to the best of your knowledge.

Signature:

Date:

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2025-26 Mini Grant

Project Title:

Grade/Subject:

Number of Students Impacted:

One-Time Activity or On-Going Project:

Total Amount Requested:

Subject Taught:

Project Description: *Be very descriptive in your explanation of requested items/program and how it will benefit students. Give us a window into your classroom and how you picture your request being used by students. Please use your own words and do not copy and paste promotional/vendor descriptions. 40 points*

Grant Deadline: September 15, 2025



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2025-26 Mini Grant

Project Need: What specific need(s) does this project address? How will your students benefit? Does your project align with district initiatives? 30 points

Goals: What are your goals for this project? What do you hope to accomplish if your grant is funded? 15 points

The final 10 points of the application is based on the scorer's analysis of the overall application. Examples include good writing skills and grammar; author's enthusiasm for project; strength of ideas presented and all required information included on budget.

Grant Deadline: September 15, 2025



Clebune Education Foundation

2025-26 Mini Grant Budget

Project Budget: In the budget below, choose the category for your project. Your request may fall into more than one category. **VENDOR NAME IS REQUIRED!** Please provide as much contact information for the vendor as possible: Name of Vendor, Contact Name, Address, Phone Number, Website. Be sure to include shipping costs if applicable.

Categories	Item	Vendor	Quantity	Unit Cost	Total Cost
Supplies & Materials					
Contract Services					
Equipment					
Shipping					
Total					

Additional funding will be provided by: