



Educator Mini-Grant Program Application

Name of School/Organization:

First Name:

Last Name:

Email:

Phone:

Describe your current role?

If you are a student, please provide the name and email of your supervising educator.

Address of School/Organization

Street Address:

Address line 2:

City:

State:

Zip Code:

Name and Address Where Activity Will Take Place (if Different from Above)

Street Address:

Address line 2:

City:

State:

Zip Code:

What age(s) are the participants?

K–5th grade

6–12th grade

18+ years

Senior

Estimated number of participants:

Describe your proposed activity or project and how it relates to water resources and wildlife habitat education. Include project goals and learning objectives for participants.

When is this activity/project scheduled to take place?

Total requested amount (maximum \$500):

\$

Specify how funds will be allocated (e.g. supplies, materials, and transportation):

I understand that if my funding request is approved, I must complete and submit the Program Project Reporting and Reimbursement form to receive payment. Any photos submitted may be used by the LMRWD in future communications.

Signature:

Date: