

2024-2025 Junior League of Jackson Education Foundation Trust of Jackson
JPS Teacher Mini-Grant Application # _____

Name of Grant: _____

Type of Grant: Individual (single classroom) Team (grade level/department) Schoolwide

2024-25 Junior League of Jackson's Community Impact Model:

Please select which area is applicable to this grant application

Providing access to essential needs Enhancing academic achievement Supporting health and well-being

Grant Application

Except for the budget requests, the following responses are limited to } v page each:

A. Need:

Give a brief, specific description of the need for the proposed project. Include data. Give curriculum objectives to be met.

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C. Plan:

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D. Budget: Individual grants up to \$3,000; Team grants up to \$5,000; Schoolwide grants up to \$10,000
Give a brief description of all the materials to be ordered and how they will be used in the project. Include how many years the materials will be used and how many students will be impacted. Complete a separate Budget Request form for each vendor. Please only use vendors that are currently a JPS vendor or those who have agreed to become a vendor.

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