



Gorham Educational Foundation, Inc.
Rooted in Education, Reaching for the Stars, Ready for the World
08-2009 Classroom and Professional Development Grant Application

MICRO-GRANT APPLICATION

Project title and curriculum area(s)	
School/Organization	
Total funding requested from GEF	
Contact Name	
Address (Street, City, State, Zip)	
Phone	
Email	
GEF Mission Category (Check one)	<input type="checkbox"/> Student enrichment
	<input type="checkbox"/> Student leadership
	<input type="checkbox"/> Educator leadership
	<input type="checkbox"/> Excellence in teaching

1. Provide a brief description of your project:

2. What is the goal of your project? How many educators or students will be directly involved in the project?

3. Describe how the requested funding will be spent.

4. Anticipated start date: _____ Expected completion date: _____

5. At the conclusion of my project, I agree to provide to GEF a report of the outcomes, including any data or measurements I have made, and an accounting of the funds spent.

Signature: _____ Date: _____

Return to: GEF
P.O. Box 295
Gorham, Maine 04038
or via e-mail: gorhamef@maine.rr.com