

ABBOTT STP

Mini-Grant Application

Application Form

Teacher Information

Name: _____

Position/Grade Level: _____

Phone: _____ Email: _____

Are you a current STP member? [] Yes [] No

Proposal Summary

Item(s) Requested: _____

Is there a specific place this item(s) can be purchased? _____

What is the total value of the item(s) being requested? _____

Briefly describe how this item(s) will assist you in your classroom: _____

Please submit to abbottstp2014@gmail.com

To be completed by STP: Value granted: _____

Please submit to abbottstp2014@gmail.com

To be completed by STP: Value granted: _____