

RMMS Foundation

Micro Classroom Grant Application

(Maximum is \$50 per semester per staff member.)

A classroom grant is being requested by _____

*In the amount of _____

This grant is for the sole and express purpose of:

(For example: supplies for... services for... subscription for...)

Note: This is not to replace the Fall/Spring Grants, but rather for classroom expenses not covered by either Grants or the school budget.

- Please email **your completed typed application**, with any supporting materials to rmmsfoundation.newlondon@gmail.com
Please include invoice, order form, brochure or receipt.
- MicroGrants are reviewed on a rolling basis. Grant Committee will respond to applicants as soon as possible.

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Date Teacher

Date Grant Committee approved/denied

* Checks will be issued within two weeks upon receipt of the treasurer.