

Washington Township Public Schools Application for Washington Township Education Foundation Mini- Grants School Year: Spring 2025

Submission Deadline: May 3, 2025

Project Title:					
School:					
Project Leader/Other S	taff as Annlicable (list	project leader fire	·+1·		
Project Leader/Other 3				Tooching Assi	anment (Crade)
Project Leader	Name	3	chool	reaching Assi	gnment (Grade)
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				-	
Project Description & P	urpose: Clearly and conci	sely describe the prop	oosed project. Ho	w will the project direc	tly benefit
students and enhance progra	ms? Note: The proposed pro	ject must directly imp	oact students.		
Audience & Timeline: W	•	• •		· -	roup to participate
n this program. How will the	project be implemented and	d what is the timeline	for implementation	on?	
Proposed Budget: Identif	y how the funds will be utili	zed. Provide specific	budget detail and	ensure that the inform	nation you provide
conforms to the district's pur			c.). Do not include	non-allowable expens	ses as described in
the guidelines. Please be deta	illed, do not include miscell	aneous categories.			
	Description of Item(s)	_	Quantity	Unit Cost	Total Cost
				60	
				S&H:	
				Total:	



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Curriculum Objectives & Assessment: How does the project relate to the curriculum? How will you assess the effectiveness of this roject? If applicable, include how you will assess students.							
	T.v.		- No.				
y other organization?	Yes		No				
m any other source.)	If yes, which organ	ization?					
	•		ool-WTEF- Spring25".				
]	Date						
	Date						
I-WTEF-Spring25") to He	eather Sullivan, <u>sulliv</u>	an@wtps					
To be completed b	WATER OR W						
To be completed b	y WIEF OILLY.						
Approved		Amount:					
Not Approved							
	y other organization? om any other source.) plication, save it using the in it, and give it to your pri	y other organization? y other organization? If yes, which organ plication, save it using the following format: "last n it, and give it to your principal for his/her app Date Date Date plication, save it using the following format: "last n it, and give it to your principal for his/her app Date Date To be completed by WTEF only. Approved	y other organization? Yes If yes, which organization? If yes, which organization? If yes, which organization? If yes, which organization? Dication, save it using the following format: "lastname – sch it, and give it to your principal for his/her approval. Date Date Date I but three things: 1. make a copy for your records, 2. scan l-WTEF-Spring25") to Heather Sullivan, sullivan@wtps. er Sullivan via inter- office mail by May 5, 2025 . To be completed by WTEF only. Approved Amount:				