



# *Ray of Hope*

## Teacher Mini-Grant

### Teacher Mini-Grant application

Funding for this program is provided by the Arkansas Association of Alternative Educators.

The Association of Alternative Educators (AAAE) would like to provide grants to Alternative Education teachers throughout the state of Arkansas for programs that impact students. AAAE will grant \$2000.00 per year in grant awards that impact AE youth.

Our AAAE Board invites AE teachers to apply for mini-grants to help in the classroom. Whether it's a new idea or that little extra you need to make your lesson plans great, you can brighten your classroom with help from the AAAE.

#### Who

Alternative Education teachers and AE counselors in the state of Arkansas are eligible to apply. Each AAAE region can apply up to 500.00 per region, per year. The grants are limited to one per classroom and one per teacher per school year.

#### What

Grants can be up to \$500 for specific projects or programs including: program enhancement that meets curriculum guidelines, expanding an already existing unit, student awards, special events, professional development, and parent involvement programs. Furthermore, school supplies and field trips too!

#### When

All applications are due by midnight on December 1, each year. Grant awards will be awarded by January 15.

#### How

Complete the grant proposal and budget form. Please read the instructions prior to completing and submitting the application. Teacher mini-grant applications should be submitted online via email to [vbrown@arkaltdedu.org](mailto:vbrown@arkaltdedu.org). An outcomes and evaluation form will be required for each and every mini-grant that is funded. Photos of the program event are optional.

**\*All Mini-Grants are in the amount up to \$500 (US Currency). The budget of the proposed project MUST NOT exceed this amount. Any project with a budget that exceeds \$500 will NOT be considered. \*\*\***

# Ray of Hope Teacher Mini Grant Proposal

(Please type or print clearly)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

School name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

AAAE Region \_\_\_\_\_

**Instructions: Please complete all sections of the proposal in detail.**

Proposal Name \_\_\_\_\_

Program description:

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Grade levels to be served via this program: \_\_\_\_\_

Number of students to be served: \_\_\_\_\_

Project duration: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Project Frequency: \_\_\_\_\_

Subject Matter(s) covered: (List the academic subjects that participants will learn about throughout the program)

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\*\*\*If grant funding is awarded, please complete the Outcome/Evaluation Form soon after the project is completed. Thank you!