



BRYAN ROTARY CLUB

P.O. Box 2760 | Bryan, TX 77805-2760 | www.bryan-rotary.org

BRYAN ROTARY CLUB MINI-GRANT AWARDS

Applications for the Mini-Grant will be judged by members of the Bryan Rotary Club Teacher Mini-Grant Committee

CRITERIA AND WEIGHT

25%	Design	Merit and worth of the project – indicate goals supported by the project
20%	Scope	Number of students benefiting from mini-grant
15%	Replicability	Ability to continue project in the future
20%	Originality	Creativity exhibited
20%	Evaluation	Method to evaluate project

TIMETABLE

October 2014	Applications made available on-line; Distribution of information to all BISD and Bryan private school Principals and Teachers
December 12, 2014	Applications due to Bryan Rotary Club
January 2015	Mini-Grants approved by Bryan Rotary Club Board
January 30, 2015	Award of Mini-grants and notification of winners
April 2015	Award recipients recognized at regularly scheduled meeting of the Bryan Rotary Club.

***For more information on the Bryan Rotary Club Mini-Grant Project, contact Chair Kathy Krusie at kkrusie@st-joseph.org*



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BRYAN ROTARY CLUB MINI-GRANT APPLICATION INFORMATION SHEET Due by Dec. 12, 2014

The general information page will be used for contact and processing purposes only.
Judges will not be given access until evaluations are completed.

Please type or print in black ink.

Applicant's Name

Grade(s)/Subject(s) Taught (K-5)

(if applying for a team, list the lead teacher here and others below)

School: _____ **Phone:** _____

School Address: _____

Project Title: _____

Project Subject Area(s): _____

Grant Request: _____

Co-Applicant Name(s)

Grade(s)/Subject(s) Taught

Applicant's Signature: _____ **Date:** _____

Principal Approval: _____ **Date:** _____

Please attach the Project Description and forward to:
Kathy Krusie
ATTN: Mini-Grant Applications
5105 Congressional Dr.
College Station, Texas 77845

Or Email the Project Description to kkrusie@st-joseph.org



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BRYAN ROTARY CLUB MINI-GRANT APPLICATION PROJECT DESCRIPTION

Please retain a copy of this application packet for your records.

Project Title: _____

Grade Level (K-5): _____ Number of Students: _____

Number of Classes: _____

Subject Area(s): _____

Complete the topic heading below in a 1-3 page application:

- 1. Project Goals/Objectives:** What is the need or problem addressed by the project? What do you expect the students to accomplish as a result of the project?
- 2. Project Description/Activities:** Outline the action steps, describe the student activities, timeline and resources of materials involved. Indicate unique and innovative aspects. Will the project be continued in the future?
- 3. Project Originality/Creativity:** Is the project original or a continuation of other projects?
- 4. Project Evaluation:** What measures will be used to determine the success of the project? Describe the evaluation method or procedure used to measure the success of the project.

Proposed Budget: Provide estimated costs for project.