**Lutheran Education Mini Grant**

**Application Questions**

***(NOTE: All requests must be submitted online using the web portal available on the website of Lutheran Foundation. This document is for informational purposes ONLY.)***

**BASIC DETAILS**

Organization Information

School Name:

Street Address:

City, State, Zip Code:

Phone, Fax, Website:

School E-mail Address:

School Principal

Prefix:

First Name:

Middle Initial:

Last Name:

Suffix:

Title:

Office Phone, Extension:

Mobile Phone:

E-mail:

Main Proposal Contact

Prefix:

First Name:

Middle Initial:

Last Name:

Suffix:

Title:

Office Phone, Extension:

Mobile Phone:

E-mail:

Other Details

LESA Membership: Yes or No

Accreditation Status: Full or Provisional

Accreditation Date:

Number of Students Pre K:

Number of Students K-8:

Number of Students 9-12:

Annual Operating Budget:

Geographical Area Served: *(Select all that apply)*

* Clinton County-IL
* Franklin County-MO
* Jefferson County-MO
* Jersey County-IL
* Lincoln County-MO
* Madison County-IL
* Monroe County-IL
* St. Charles County-MO
* St. Louis City-MO
* St. Louis County-MO
* St. Clair County-IL
* Warren County-MO

**PROJECT INFORMATION**

Project Title:

Project End Date:

Project Start Date:

Request Amount:

Total Project Budget:

Project Purpose

*The purpose of Lutheran Education Mini Grants are to help Lutheran schools advance excellence in Christian education by providing support for eligible activities. Which of the following eligible activities will your proposed project address? (Please select all that apply)*

* + Academic enhancement or enrichment activities
  + Accreditation achievement activities
  + Capital improvements
  + Niche school (e.g., Makerspace, Science & Technology, etc.) Implementation
  + Professional development
  + Strategic initiatives to increase enrollment
  + Strategic planning

What personnel will be engaged in the implementation of the project?

Describe the goal/anticipated impact of the project. What do you want those you serve to know, do, or experience differently as a result of your project?

How will you know if you have achieved that goal? How will you know if you have been successful?

Describe why your school wants to launch this particular project.

**BUDGET INFORMATION**

Clearly describe how funds from Lutheran Foundation will be used. Please provide an itemized budget (i.e., salaries, supplies, equipment, etc.)

**ATTACHMENTS**

Organizational Attachments

* Signature Page: Attach a signed copy of the Lutheran Foundation signature page.
* List of current School Board members – including their professional affiliation(s).

Financial Information Attachments

* Internally prepared income statement for the CURRENT fiscal year.
* Financial statements for the last two complete fiscal years.