

INSSWA MINI-GRANT APPLICATION

APPLICANT NAME: _____

SCHOOL NAME/CORPORATION: _____

PREFERRED MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

PROGRAM TITLE: _____

PROGRAM DESCRIPTION: _____

PROGRAM OBJECTIVES: _____

HOW WILL YOUR PROGRAM ENHANCE THE SCHOOL SOCIAL WORK SERVICES IN YOUR SCHOOL?

HOW DID YOU ASSESS THE NEED? _____

TARGET POPULATION (INCLUDING HOW MANY STUDENTS/FAMILIES YOU ANTICIPATE WILL BENEFIT FROM YOUR PROGRAM): _____

PROPOSED BUDGET: _____

MINI-GRANTS WILL BE DISBURSED IN ONE OF THE FOLLOWING THREE WAYS. PLEASE CHECK WHICH YOU WOULD LIKE YOUR GRANT PROVIDED TO YOU (REFER TO THE “INSSWA MINI-GRANT GUIDELINES” FOR EXPLANATION):

____ **REIMBURSEMENT**

____ **DIRECT PAYMENT TO VENDOR/SERVICE PROVIDER**

____ **CHECK TO GRANT RECIPIENT**

If awarded a mini-grant, INSSWA will be mentioned in any publicity concerning the program; I will be willing to make a poster display for the INSSWA Annual Fall Conference; and, I will submit documentation and/or receipts for money expended.

SIGNATURE OF APPLICANT

DATE

SEND APPLICATIONS TO:

**INSSWA
PO BOX 511
MOORESVILLE, INDIANA 46158**

**FOR MORE INFORMATION OR QUESTIONS, CONTACT
TERRY MILLER AT phillip@iquest.net.**