Feed Our Flock
Mini-Grant Application

Date: _____

Student Name OR Student ID: _____

School Building: _____ Grade Level: _____

Nominating Staff Member: _____

Email: _____ Phone Number: _____

How do you know the student you are nominating: _____

_____

Please provide a brief explanation of the need to be filled by awarding this grant:

_____

_____

_____

Signature of nominating staff member: _____

1

---

[1] For Office Use Only: SH_____   AH_____   CV_____   AB_____   WP_____