



## 2017/2018 Entrepreneurship Seed Funding Request Form



Please provide the following information and submit to [mscee@millsaps.edu](mailto:mscee@millsaps.edu). Applications must be received electronically by November 1, 2017 to be considered. Grant applicants will be contacted by November 15, 2017 regarding the status of the application. A written report on the entrepreneurship activity to include photos of activities will be due to the MS Council on Economic Education by May 1, 2018.

Title of Unit: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Grant Request: [Click here to enter text.](#)

Number of Students Impacted: [Click here to enter text.](#)

Applicant 1: (Mr. Mrs. Ms.) [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

School District: [Click here to enter text.](#)

School Address: [Click here to enter text.](#)

Principal: [Click here to enter text.](#)

Principal's email address: [Click here to enter text.](#)

County: [Click here to enter text.](#)

School Phone: [Click here to enter text.](#)

Teaching Assignment: (Grade & Subject): [Click here to enter text.](#)

Recent Participation in MS Council on Economic Education Programs: Attendance at the 2017 Able to Save, October 11, 2017

### **Teachers can partner to receive seed funds. (limit of 2 per application)**

Applicant 1: (Mr. Mrs. Ms.) [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

School District: [Click here to enter text.](#)

School Address: [Click here to enter text.](#)

Principal: [Click here to enter text.](#)

Principal's email address: [Click here to enter text.](#)

County: [Click here to enter text.](#)

School Phone: [Click here to enter text.](#)

Teaching Assignment: (Grade & Subject): [Click here to enter text.](#)

Recent Participation in MS Council on Economic Education Programs: [Click here to enter text.](#)

*Please complete the following using: 12 point font size, single spacing, and 8½ x 11 paper. Applicants are not limited to a specific number of pages.*

Provide an overview of your proposal.

Click here to enter text.

What groups of students (age, grade level, subject areas) and how many students will participate in the program?

Click here to enter text.

How will the students benefit from this activity?

Click here to enter text.

Provide anticipated chronology of events (activities and dates), include how the seed funds will be used.

Click here to enter text.

Please describe the following:

Goals and Objectives

Click here to enter text.

Evaluation Procedures and Instruments (please include samples)

Click here to enter text.



## 2016 - 2017 Entrepreneurship Seed Funding Budget Request Form

Total requested \_\_\_\_\_ (\$500 maximum)

Applicant 1 \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please itemize and provide complete information in each section. Remember to include tax and shipping where applicable. If funds are not requested for a particular area, please indicate by entering \$0. *Attach additional pages if necessary.* Partial funding may be provided. Applicant may be contacted for further information.

### Budget Summary

Line Item	Requested Amount	Total
<b>Supplies (consumable)</b>		
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
	Click here.	Click here.
<b>Grand Total of Seed Funding Request:</b> Click here.		

# Detailed Budget Request

Please provide a budget justification detailing how you arrived at the dollar amount listed in the Budget Summary. For example, under “Supplies (consumable),” you will list the items in each subgroup to be purchased and the amounts they cost.

<b>Supplies (consumable)</b>	<b>Cost</b>
For student activities	
Click here to enter text.	Click here to enter text.
<b>TOTAL:</b>	Click here.

The building Principal must review this application and agree to the implementation of the entrepreneurship program if a grant is received.

Click here to enter text.  
Principal (Print Name)

Click here to enter text.  
Date

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Principal's Signature

Signature of Applicant

The person(s) applying for the grant must sign this application. By signing, he/she agrees to follow all grant procedures and guidelines as outlined on the application cover sheet.

Click here to enter text.  
Applicant's Signature

Click here to enter text.  
Title/Position

Click here to enter text.  
Date

Click here to enter text.  
2<sup>nd</sup> Applicant's Signature

Click here to enter text.  
Title/Position

Click here to enter text.  
Date

Please complete all sections of the grant application.

**Submit electronically to:** [mscee@millsaps.edu](mailto:mscee@millsaps.edu). Applicant signature page may be emailed with a scanned signature, or the page may be faxed or mailed. Typed or printed signatures are not acceptable.