2024-2025 Junior League of Jackson/ Foundation Trust of Jackson
JPS Teacher Mini-Grant Application #: _____

Name of Grant: _____

Type of Grant: ☐ Individual (single classroom) ☐ Team (grade level/department) ☐ School-wide

Please indicate which area is applicable to this grant application.

- ☐ Providing access to essential needs
- ☐ Enhancing academic achievement
- ☐ Supporting healthy living and mental well-being

Budget Request:

- Listing the name of the school or the teacher on this page will result in this grant application being disqualified.
- List the exact amount of the funding needed. Please do not round up or estimate.
- List each item separately, being careful to include all requested information, including **shipping and handling charges. Please only use vendors that are currently a JPS vendor or those who have agreed to become a vendor. Each vendor must be listed on a separate sheet.**

Vendor Name				Phone number	Address (include city, state and zip code)	
Line #	**Qty.**	**Unit**	**Item**	**Description**	**Unit Price**	**Total**
					Shipping and handling (per vendor)	
					Page total/Amount requested per vendor:	
					Total Budget requested:	