

**Arkansas State Teachers Association**  
**Teacher Scholarship & Classroom Mini-Grant**  
**Application Coversheet**



---

*Please attach this completed coversheet to your teacher scholarship **or** classroom mini-grant application.*

**Teacher / School Information**

Please include the following information on a cover sheet with your entry. (This will be strictly used for contact purposes only.)

- Applicant's Name: \_\_\_\_\_
- Applicant's Home Address: \_\_\_\_\_
- Name of School: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- School District: \_\_\_\_\_
- County: \_\_\_\_\_
- Applicant's E-Mail Address: \_\_\_\_\_
- School Phone w/Area Code (include best time to call): \_\_\_\_\_
- Home Phone w/ Area Code: \_\_\_\_\_
- Grade Level/Subjects: \_\_\_\_\_
- Funding Request is for (please circle)      Mini-Grant                  Scholarship
- Subject of Mini-Grant/Scholarship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Number of Students in School: \_\_\_\_\_
- For Mini-Grant: Number of Students Involved in Program: \_\_\_\_\_
- Total Amount of Request (\$): \_\_\_\_\_