STUDENT SUCCESS
MINI GRANTS

GRANT APPLICATION

Name:

Team Members:

Project Title:

What is the problem you are trying to solve?

Description of Project:

STUDENT SUCCESS
MINI GRANTS

GRANT APPLICATION

In the provided area, please describe how your project relates to the OTC Strategic Plan:

In the provided area, please describe how your project relates to the four OTC Cares Pillars:

STUDENT SUCCESS
MINI GRANTS

GRANT APPLICATION

Budget:

Item	Amount	Description	Total
	Total		

Will this project continue after grant funds have been spent? If so, how will the project be funded?