

# THE MIKKELSON FOUNDATION

## Elementary and Middle School Equipment Grants

### Requestor Information

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|---------|--|----------|--|
| Name    |  | School   |  |
| Address |  | City/ZIP |  |
| email   |  | Phone    |  |

If this grant is approved, please list the person to whom the check should be sent. Please use school address if possible.

|         |  |          |  |
|---------|--|----------|--|
| Name    |  | email    |  |
| Address |  | City/ZIP |  |

Please provide a brief description of your background and duties.

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Please give a brief description of your school, including the number of students served and grade levels and purpose for which the equipment will be used.

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**Requested Items.**

Describe the items desired, the quantity of each item, and the source and cost of each item. (a website link would be helpful). Also prioritize each item in case we are unable to fund all items.

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**Total Request.**

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