

The International Association of Laboratory Schools
Mini-Grant for Research
Application Cover Sheet

Name: _____ Date: _____

School: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Project Title: _____

Project Summary:

Projected Budget Expenses:

Budget Period: From: _____ To: _____

Please send completed application:

Jill Sarada, Mini-Grant Chairperson

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Falk Laboratory School

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