Name: Phone:

Title: Department/

Division

Faculty Staff

Check the Perkins category the activity or equipment addresses. Check all that apply.

1 Integration of Academic/Technical Skills 2 Work Based Learning/Industry tours

1. Technology Training or Improvement
2. Professional Development/Industry Training
3. Evaluation/Assessment of programs
4. Initiate/Improve Programs
5. Programs for Special Populations
6. Career Guidance/Program Information
7. Secondary to Postsecondary Linkages
8. Equipment



**Perkins Mini-Grant Application**

1. Please give a brief description how you wish to use Perkins funds to enhance the Career and Technical Education (CTE) programs at Forsyth Tech.
2. Please explain how your use of the Perkins Funds will benefit CTE programs and/or special populations at Forsyth Tech.
3. If you are requesting funds for a professional development opportunity, how will you disseminate the knowledge you gained?
4. Please give a breakdown of the approximate cost of the project or opportunity. If you will be using any other funding in combination with Perkins to supplement costs, include how much and the source of the additional funding. If the college has funded the activity previously, please list when and how the activity was funded.
5. Total Amount Requested: $
6. **A preliminary budget with documentation of estimated expenses is required.** .

**Required Signatures**

Applicant: Date:

Department Chair / Director: Date:

Dean: Date:

***Please return the completed form to the Educational Partnerships Office, Snyder Suite 6101. (Attn: Melissa Carroll if using interoffice delivery.) If you have any questions please call (336) 734-7466 or email*** [***mcarroll@forsythtech.edu.***](mailto:mcarroll@forsythtech.edu)