



## Columbia Special Education PTA Mini-Grant Application

**Date:** \_\_\_\_\_

**Applicant Name(s):** \_\_\_\_\_

**Position(s):** \_\_\_\_\_

**School(s):** \_\_\_\_\_

**Grade(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_

**Please describe how the funds will be used.**

Email completed application to [comosepta@gmail.com](mailto:comosepta@gmail.com)  
Mail to Columbia SEPTA, 503 E. Nifong #179, Columbia, MO 65201-3717  
or deliver in person to the Grant Chair at a SEPTA meeting