Readington Home School Association, Inc.

P.O. Box 700, Whitehouse Station, New Jersey 08889

H.S.A. MINI-GRANT REQUEST FORM

Deadline for Mini-Grant Request is May 20, 2026

Invoices to H.S.A. Treasurer by June 1, 2026

Request Date: _April 14, 2026_____ Project Date: _June 15, 2026_____

Requested By: ___Second Grade Teachers, Donna Kwiatkowski-Belt_____

School / Grade / Subject: __TBS, Grade 2, Language Arts

Curriculum area: _Language Arts - writing based on observations and discussions

**Materials or projects that are components of the districts core curriculum and/or included in the traditional budget will not be considered.* *

Are you a staff supporter ($5 Staff Invest Collection)? X Yes ☐No

Project Description: As part of our end-of-the-year **Second Grade Camp Week**, students will participate in a fun and engaging learning activity that incorporates observation, comparison, and discussion. During this activity, students will **compare and contrast two types of lemonade—regular lemonade and pink lemonade**.

Educational Objective: Students will observe the color, smell, and taste of each type of lemonade and then discuss the similarities and differences between them. This activity encourages students to use descriptive language, practice critical thinking skills, and participate in collaborative discussion with their classmates. It also provides an enjoyable way to reinforce comparison and contrast skills that students have been developing throughout the year.

This simple tasting activity will help create a memorable and engaging learning experience as students celebrate the end of their second grade year while practicing important observation and comparison skills.

Thank you for supporting this hands-on learning opportunity for our students.

Materials Needed: 200 Plastic cups - $26.00, 100 Napkins $4.00,

5 gallons of pink lemonade $15.00, 5 gallons of lemonade $15.00

NOTE: Please attach additional description if necessary.

Amount Requested: _____$60.00_____Payable To: ___Donna Kwiatkowski-Belt_____

Principal's Approval: _____

NOTE: Please attach all invoices and/or receipts.

For H.S.A. use only:

Staff Supporter: ☐Yes ☐No H.S.A. Approval: ☐Yes ☐No Date: _____

Signatures				
	RMS	TBS	EC	EC
	HBS	WHS	EC	EC

Comments: _____