



PTSA GRANT APPLICATION

Sections 1-2 must be completed by applicant. Submit form along with supporting documentation Attn: PTSA Treasurer to the PTSA mailbox in the school office by **September 30th**. Grant review at October PTSA meeting.

1	Your Name:	Today's Date:
	Your Position/Grade/Subject Area:	Are you a current member of the PTSA? Only current PTSA members' applications will be considered. (Join online)

2	Amount Requested:	Date Needed:
	Detailed description of what funds will be used for. Include any supporting documentation, photos, web links, and estimates from 3 suppliers/vendors/service providers to better help us evaluate your request. Attach additional pages if needed.	
	Which students will benefit from this and how?	
	How urgent is this need?	

SECTIONS 3 & 4 FOR PTSA USE ONLY.

3	Request for funds approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial \$ _____
	Comments:

4	Check Number:	Date:
	Check Amount:	Payable To:
	Treasurer Signature:	President's Signature: