

# Brookside PTA Grant Application



Date of Application: \_\_\_\_\_

Name of Applicant & Email address or phone (for primary contact): \_\_\_\_\_

Are you a PTA member? :    Yes        No

Is this request for your classroom, grade, school, or teacher material?

\_\_\_\_\_ Classroom

\_\_\_\_\_ Grade

\_\_\_\_\_ School

\_\_\_\_\_ Teacher Material

Brookside Principal Signature: \_\_\_\_\_

**\*Brookside Staff required to get before submitting to PTA\***

## Purpose of Grant:

**Please provide description of materials or project.** Please include relevant comments and reasons for requests. We welcome attachments, photos, samples, catalog copy and/or pertinent information to help us evaluate your request. Use additional pages for description, if necessary.

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## Grant Request Date:

It is agreed that the grant funds will be spent for the stated purpose on or before: \_\_\_\_\_ or the funds will be refunded to the PTA. Any unused or unexpected funds will be refunded to the PTA. The School District will provide a complete accounting of the expenditure of the grant funds to the PTA.

Alternative Option if grant is not approved:

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### PTA USE ONLY

Approved:            YES            NO

PTA Signatures: \_\_\_\_\_