

Rippleside Elementary School PTO

Grant Application

Applicant (Group and or person submitting request): _____

Application Submission Date: _____

Grade Level/Department: _____

How many students will benefit from this grant? _____

How will the project/materials benefit your curriculum/department? _____

Briefly describe your project/program, and what sources you plan to use. _____

Date of project/program _____

Please itemize cost below:

Total amount requested (please be specific): \$ _____

Please check if you would consider a grant amount smaller than the requested amount.

Checks to be made payable to: _____

(Please attach receipts if applicable).

****Prior approval is required before you purchase material to guarantee reimbursement.**

Please remember to turn in all receipts, even if the check is made payable to you. The PTO must have receipts for what is reimbursed.

Deadlines for submitting requests are listed by month below:

Oct. 10th, Nov. 14th, Dec. N/A (no meeting), Jan. 9th, Feb. 6th, Mar. 13th, Apr. 3rd, May 8th

Any requests submitted after deadline will be voted on at the next month's meeting.
