

# 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. 9<sup>th</sup>, Nov. 13<sup>th</sup>, Dec. N/A (no meeting), Jan. 2<sup>nd</sup>, Feb. 5<sup>th</sup>, Mar. 12<sup>th</sup>, Apr. 9<sup>th</sup>, May 14<sup>th</sup>**

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

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