

Sanborn PTO MINI-GRANT APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO THE PTO MAILBOX.

Please remember that these Grants are presented for vote on a first-come basis until available funds are depleted. Applicants must be **CURRENT** PTO members.

Date of Application: _____

Person Requesting Grant: _____

School Voice Mail Ext: _____ Email: _____

Department or Grade: _____ Amount of Request: _____
(Limit of \$250.00 – **Include Shipping**)

Reason for Request: _____

Who will be involved: _____

Please describe outcomes and benefits: _____

Detailed Costs (Please attach a list of all expenses and provide estimates and/or quotes, if available).

What is the time frame for the project: _____ Date funds are needed by: _____

FOR PTO USE ONLY

Approved by PTO: _____ Receipts Attached: _____ Check #: _____

Date: _____ Funds Disbursed: _____ Date Issued: _____

Approved by Admin: _____ Date: _____

Received by Teacher: _____ Date: _____