



Apollo PTA 2.6.3

Date Submitted: _____

Grant Application 2023-24

Date Approved: _____

Contact Information

Name	
Phone	
E-Mail Address	

Grant Information

Title of Application	
Cash Grant Amount	\$
Has this been reviewed with Principal for appropriate use of funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have other funding sources been explored?	
<input type="checkbox"/> ISF <input type="checkbox"/> ASB <input type="checkbox"/> School Building Funds <input type="checkbox"/> Others <input type="checkbox"/> Not explored yet	
If select "Others", please describe what is the funding sources.	

If you would like to add information, please do so here:	
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Project pertains to (please check all that apply):

<input type="checkbox"/> Literacy	<input type="checkbox"/> Science	<input type="checkbox"/> History
<input type="checkbox"/> Technology	<input type="checkbox"/> Math	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Arts	<input type="checkbox"/> Music	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Other:		

Grade levels affected (please check all that apply):

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 2 nd Grade
<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 4 th Grade	<input type="checkbox"/> 5 th Grade
<input type="checkbox"/> Other:		

How many children will this affect?

Signatures

Signature of Applicant: _____

Signature of Principal: _____ date approved _____

Grant Narrative

Description:

Please provide a brief description of your grant request and explain how this grant will enhance the education process by filling unmet needs in instructional programs or student enrichment and/or support:

School Curriculum:

How will this grant integrate into the school's curriculum?

Equipment and Materials:

Describe what equipment and materials will be needed to conduct the project and or maintain and operate them:

Installation:

Is installation required? Yes No

If yes, please describe what will need to be done:

Maintenance:

Is ongoing maintenance required? Yes No

If yes, please describe what type of maintenance:

Specialized Training or Services:

Are any special services, training, equipment, or supplies needed from the school or community?

Yes No

If yes, please describe:

Budget

Item	Unit Price	Quantity	Total Price
SHIPPING			
TAX			
TOTAL GRANT AMOUNT			

Is this an urgent Grant request?

Yes No

If yes, please describe what's the deadline to purchase the requested item(s):

Timeline

Complete a timeline detailing the steps of the project.

(Treasurer use below this line)

Budget Category _____

Check # _____ Check Date _____ Amount _____

Misc. Notes _____