Apollo PTA 2.6.3

Date Submitted:_____

Grant Application 2025-2026

Date Approved:_____

Contact Information

Name	
Phone	
E-Mail Address	

Grant Information

Title of Application	
Cash Grant Amount	
Has this been reviewed with the Principal for appropriate use of funds?	☐ Yes ☐ No
Have other funding sources been explored?	
☐ ISF ☐ ASB ☐ School Building Funds ☐ Others ☐ Not explored yet	
If you select “Others”, please describe what the funding sources.	
Will also campaign for family provided donations through the book fair website	
If you would like to add information, please do so here:	

We currently have about 19k in scholastic funds. I am hoping between rounding up and parent donations to the share the fair on the scholastic webpage we wont need even ½ that amount.

Project pertains to (please check all that apply):

☐ Literacy	☐ Science	☐ History
☐ Technology	☐ Math	☐ Social Studies
☐ Arts	☐ Music	☐ Physical Education
☐Other:		

Grade levels affected (please check all that apply):

☐ Kindergarten	☐ 1st Grade	☐ 2nd Grade
☐ 3rd Grade	☐ 4th Grade	☐ 5th Grade
☐ TK	☐ Other	☐ All School

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

_____