| Apollo PTA 2.6.3 Grant Application 2025-2026 | Date Submitted:\_\_\_\_\_\_\_\_\_\_\_Date Approved:\_\_\_\_\_\_\_\_\_\_\_ |
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## 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? | ☐ Yes ☐ No |
| Have other funding sources been explored? |
| ☐ ISF ☐ ASB ☐ School Building Funds ☐ Others ☐ Not explored yet |
| If select “Others”, please describe what is the funding sources. |
|  |
| If you would like to add information, please do so here: |       |

### 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 |
| ☐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:

|       |
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### 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.

|       |
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(Treasurer use below this line)

Budget Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Misc. Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_