



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 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:	

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:		
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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?

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Equipment and Materials:

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

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Installation:

Is installation required? ☐ Yes ☐ No

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

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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 _____