

Franklin Elementary PTA Teacher Grant Request

Return to the PTA Mailbox

Date Submitted _____

Teacher's Name: _____

Franklin PTA Member? Yes No

Note: Teacher must be a current year Franklin PTA member to qualify for grant money.

Classroom: _____ Grade(s): _____ Approximate # of Students _____

Brief description of request (please include educational benefit):

Items to be purchased: _____

Dollar amount of request: \$ _____ Date funds needed: _____

Check to be made out to: _____

Teacher's signature: _____

Please Note: Grants must be used for educational purposes for the students and directly benefit the students in your class. Teacher must be a current Franklin PTA member to qualify. Grants are voted on during the monthly PTA meetings which occur on the 2nd Wednesday of every month at 6:30 pm. They are considered on a first come, first serve basis.

Approved Date: _____ Check #: _____ Amount: _____

Not Approved Reason: _____

Verify teacher is current PTA member? Y / N Treasurer's Signature: _____

President's Signature: _____