

Avery Elementary PTO

GRANT APPLICATION

Project Title:
(Short/Brief)

Amount of Grant Request:

Grade(s) of Students Served:

Number of Students Served:

Project Summary:

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Contact Information:

Applicant Name(s) :

Position of Applicant(s) :

Phone:

Email Address:

Signature of Principal

Date

FOR PTO USE ONLY:

Approved: _____ Not Approved: _____ Saved for future consideration:

Signature and Date of Officer(s):