Please complete this application and email it to the PTO at schollsheightspto@gmail.com.

You will receive confirmation your application was received.

Name:

Grade: Date:

PTO Grant Criteria (Please Answer):

Does it support the school improvement plan? Yes No

Does it follow school and district policies? Yes No

How many students will be impacted?

Has this been approved by the principal? Yes No

Have you explored other funding sources or grants? Yes No

Please Explain:

Grant Request:

Name of project:

Funding requirements: $

Project description: (When will it be implemented? What will it look like? Why do you feel this is important for your classroom or the school? Please attach additional information if necessary.)

Please Explain: