



**PTSO Mini-Grant Application**

Teacher Names(s): \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Name of Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Number of students benefitted: \_\_\_\_\_ Grant Amt Requested\*: \_\_\_\_\_

*\* Please attach supporting documentation of costs associated with this mini-grant.*

Project Description:

I understand that if I spend any money prior to PTSO approval, that I will not be reimbursed for those costs, and that the funds must be reimbursed in the same school year, preferably in the same quarter, that the grant was approved.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**PRINCIPAL:**

I approve this mini-grant as an appropriate use of PTSO funds to benefit the students/school.

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MTMS PTSO:**

This mini-grant is approved and the funds are available for use.

This mini-grant is denied for the following reason: \_\_\_\_\_

\_\_\_\_\_

***For PTSO use only:***

Date of reimbursement: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_