



PTSO Mini-Grant Application

Staff Member 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, when 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: _____