ECG PTSA Mini-Grant Application

revised 7-22-2025

Club Name:_____ Amount Requested:_____

Advisor:_____ Email:_____

Student Officer: _____ Email:_____

Program/Activity: _____ #Club Members:_____

Program/Activity Detail Description: (add add'l pages if needed) #ECG Students Impacted by project:_____

Total Club Budget:_____ Event Timeframe:_____

Funding Sources beyond Mini-Grants (i.e., dues)_____

Are you a PTSA member? Yes ☐ No ☐ Membership year:_____

If approved check will be made payable to:_____

Advisor Signature:_____ Date:_____

Principal Signature:_____ Date:_____

Process: 1. Complete form
2. Get Signatures (can be electronic)
3. E-mail - Danielle Adegoroye (folasayo1@yahoo.com)

PTSA Use Only ☐ ☐ ☐ ☐

Request approved: Y N Date:_____ PTSA Member: Y N Date:_____

If denied, reason:_____

Mini-Grant Chair Signature:_____ PTSA Pres. Signature:_____

Copy to Treasurer Date:_____ Applicant notified date:_____