



Memorial School PTA

**MEMORIAL SCHOOL PTA**  
**TEACHER GRANT APPLICATION**

**TEACHER'S NAME:** \_\_\_\_\_

*Note: All teachers must be PTA members to qualify.*

**GRADE:** \_\_\_\_\_ **DATE APPLICATION SUBMITTED:** \_\_\_\_\_

**WHAT IS THE INTENDED EDUCATIONAL OBJECTIVE/OUTCOME,  
AND WHO WILL BENEFIT FROM THIS PROJECT? \***

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**DESCRIBE THE PROJECT AND EXPLAIN HOW IT ENHANCES THE  
CURRICULUM IN A CREATIVE WAY: \***

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**LIST THE MATERIALS YOU WILL REQUIRE AND THE COST OF EACH  
ITEM. \* IF THE GRANT IS APPROVED, RECEIPTS WILL BE REQUIRED  
TO RECEIVE PTA REIMBURSEMENT.**

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*OUR CHILDREN, OUR RESPONSIBILITY*

*\*ATTACH ADDITIONAL INFORMATION IF REQUIRED*