



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? ***

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

**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.**

OUR CHILDREN, OUR RESPONSIBILITY

**ATTACH ADDITIONAL INFORMATION IF REQUIRED*