

East Brunswick High School PTSA
Teacher Grant Request Form 2024-2025

Faculty/Staff Name(s): _____

Date of Request: _____

Class or Grant Title: _____

Amount Requested: _____

- **You must be a current member of the PTSA to apply**
- Maximum grant amount per Faculty/Staff per year is \$250
- All approved funds must be expended by June 25, 2025
- Transportation costs are not reimbursable
- Grants may be submitted at any time.

Description of Supplies/Anticipated Expenses: (Attach additional page if needed)

Questions? Contact Rachel Van Wagner at kidsrach3@gmail.com

PTSA Authorization

- Approval: Principal _____ Date: _____
- PTSA Board President: _____ Date: _____

For PTSA Treasurer Use Only

PTSA Member: _____ Check #: _____ Check Amount: \$ _____