



**Sprayberry High School PTSA
Teacher Mini Grant Application**
All Applicants must be PTSA MEMBERS

Due: _____

PTSA Membership # _____

Applicant(s) Name: _____

Position(s)/Department: _____

Title of Project if applicable: _____

Grade(s) Impacted: _____ Number of Students Impacted: _____

Subject Area: _____

Rationale and Objectives: Please state two or more instructional objectives that correlate your curriculum with your proposed project/need. Give the purpose of the project/need, describe what you hope to accomplish, and how the project/need will enrich the student’s experiences at Sprayberry High School. (Another sheet may be attached if needed).

Procedure: List instructional activities that will be implemented to meet the objectives stated.

Budget and Materials: Please fill out completely and specifically in order for your grant to be reviewed by the committee. Please include tax if applicable, shipping fees, and school discounts.

Item Description	Unit Price	Amount

Total Amount of Grant Requested: \$ _____

Date Needed? _____

Can this request be granted in part and still meet the objective? _____

Could this request be covered by the school, State or County budget? _____

You will be notified the status of your grant not later than _____. We appreciate you applying for a Sprayberry High School PTSA Teacher Mini Grant. If your grant is approved please check below how you would like the PTSA to disburse the funds.

1. Payment with order sent directly to vendor: _____
2. Payment of invoice sent directly to vendor: _____
3. Reimbursement of receipt to teacher: _____

If you have any comments regarding the mini grant process please state them here:

Please understand that any items purchased with PTSA funds must be considered property of Sprayberry High School and not personal or class property