

East Amwell PTO
Mini-Grant Application

Name _____ Date _____

Grade _____

Amount Requested: _____

Reason for Request:

Brief Description of the benefit this will have on students or school:

Have you applied to any other source of funding? (yes/no) circle one

Have you received any portion of it? (yes/no) circle one

If yes, explain: _____

Person/Company to receive payment:

PTO use only:

Date: _____

Request Granted: YES NO

Amount: _____

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Please provide an itemized list of your proposed spending.

DESCRIPTION

AMOUNT

TOTAL REQUEST:

\$ _____