



STUDENT EDUCATIONAL GRANT APPLICATION FORM

ALL QUESTIONS MUST BE ANSWERED FOR REQUEST TO BE CONSIDERED

APPLICANT'S NAME _____ DATE _____

SCHOOL _____ GRADE _____ GROUP _____

CONTACT PHONE NUMBER _____ EMAIL _____

TOTAL AMOUNT REQUESTED (SHIPPING/HANDLING IF APPLICABLE) _____

DETAILS OF REQUEST

A. BRIEF DESCRIPTION OF PROJECT/NEED INCLUDING GOALS/OBJECTIVES _____

B. NUMBER OF STUDENTS TO BENEFIT _____

C. ANTICIPATED PER STUDENT COST (PROVIDE APPLICATIONS, REGISTRATIONS, FORMAL ESTIMATES, BILLS, ETC. AS BACKUP AND ATTACH SHEETS AS NECESSARY \$ _____

D. DESCRIBE HOW PTO FUNDS WOULD BE USED (REGISTRATION FEES, TRANSPORTATION, LODGING, ETC.) _____

E. LIST OTHER SOURCES OF FUNDING ANTICIPATED/RECEIVED _____

F. DETAIL STUDENT FUNDRAISING EFFORTS TO SUPPORT THIS PROJECT _____

G. CONFIRM WHETHER ADDITIONAL PTO FUNDS WILL BE REQUESTED THIS SCHOOL YEAR. YES _____ NO _____

*PLEASE FEEL FREE TO PROVIDE ANY ADDITIONAL INFORMATION WHICH YOU THINK
THE PTO SHOULD KNOW ABOUT YOUR REQUEST*

SIGNATURE OF PRINCIPAL _____

SIGNATURE OF SUPERINTENDENT _____

FOR REQUESTS OF \$500 AND OVER- PLEASE SUBMIT FORM TO:

ROCKPORT PTO – MINI GRANT, PO BOX 835, ROCKPORT, MA 01966

PTO ACTION _____ DATE _____
