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| --- | --- |
| Apollo PTA 2.6.3 Grant Application 2015-16 |  |

## Contact Information

|  |  |
| --- | --- |
| Name |       |
| Phone |       |
| E-Mail Address |       |

## Grant Information

|  |  |
| --- | --- |
| Title of Application |       |
| Cash Grant Amount | $       |
| Has this been reviewed with Principal for appropriate use of funds? | [ ]  Yes [ ]  No |
| Have other funding sources been explored? | [ ]  Yes [ ]  No |
| If you would like to add information, please do so here: |       |

### Project pertains to (please check all that apply):

|  |  |  |
| --- | --- | --- |
| [ ]  Literacy | [ ]  Science | [ ]  History |
| [ ]  Technology | [ ]  Math | [ ]  Social Studies |
| [ ]  Arts | [ ]  Music | [ ]  Physical Education |
| [ ] Other:       |  |  |

Grade levels affected (please check all that apply):

|  |  |  |
| --- | --- | --- |
| [ ]  Kindergarten | [ ]  1st Grade | [ ]  2nd Grade |
| [ ]  3rd Grade | [ ]  4th Grade | [ ]  5th Grade |
| [ ] Other:       |  |  |

How many children will this affect?

## Signatures

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date approved\_\_\_\_\_\_\_\_\_

## Grant Narrative

### Description:

Please provide a brief description of your grant request and explain how this grant will enhance the education process by filling unmet needs in instructional programs or student enrichment and/or support:

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| --- |
|       |

### School Curriculum:

How will this grant integrate into the school’s curriculum?

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| --- |
|       |

### Equipment and Materials:

Describe what equipment and materials will be needed to conduct the project and or maintain and operate them:

|  |
| --- |
|       |

### Installation:

Is installation required? [ ]  Yes [ ]  No

If yes, please describe what will need to be done:

|  |
| --- |
|       |

### Maintenance:

Is ongoing maintenance required? [ ]  Yes [ ]  No

If yes, please describe what type of maintenance:

|  |
| --- |
|       |

**Specialized Training or Services:**

Are any special services, training, equipment, or supplies needed from the school or community?

 [ ]  Yes [ ]  No

If yes, please describe:

|  |
| --- |
|       |

## Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Unit Price** | **Quantity** | **Total Price** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| SHIPPING |  |  |       |
| TAX |  |  |       |
| **TOTAL GRANT AMOUNT** |  |  |       |

## Timeline

Complete a timeline detailing the steps of the project.

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| --- |
|       |