

# Falls Lake Academy PTA

## Classroom Grant Application Form



Please print all fields.

### Applicant Information

Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### Grant Selection Period (please circle one)

**1<sup>st</sup> Selection Period**

Deadline **08/21/2017**

- **Extended until 09/15, 5p**

**2<sup>nd</sup> Selection Period**

Deadline **11/20/2017**

**3<sup>rd</sup> Selection Period**

Deadline **02/20/2018**

### Description of Grant

Approximate # of students benefitting in 1 school year: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

### Purpose of Grant (please be specific):

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(Do not write below line)

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Approved: Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_