

# Falls Lake Academy PTA

## Classroom Grant Application Form



Please print all fields.

### Applicant Information

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

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

PTA Member: \_\_\_\_ Yes \_\_\_\_ No

\*We have requested you to be a member of the PTA to apply for one of our grants\*

### Grant Selection Period (please circle one)

1<sup>st</sup> Selection Period

Deadline **09/20/2018**

2<sup>nd</sup> Selection Period

Deadline **11/20/2018**

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)

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

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