

**West High School PTSA Grant Application
2011/2012 School Year**

Date:

1. Grant requested by (name): _____ 2. Department/ activity/ club/ sport: _____
3. Contact Number: _____ 4. Email address: _____
5. Is representative attending meeting: ____ yes ____no (PTSA meets on: 9/21, 10/19, 11/16, 12/14, 1/18, 2/8, 3/21, 4/18, 5/9)
6. Purpose of Grant:
7. Item(s) Requested:
8. Cost of items (inc. shipping, quoted price & other needed information):
9. Is this an estimated or firm price? _____estimated _____firm
10. When will the item(s) be purchased?
11. Have you approached other funding sources for this request? ____ yes ____no

Please explain:

12. Have you tried or are you planning fundraising events? ____ yes ____no

Please explain:

13. What student group will benefit from this grant? List the approximate number of students within this group:

14. How will this grant request benefit West High School? Please describe your request in detail, including any information that will help the PTSA understand the benefit to West students. See West High PTSA Grant Policies for guidelines.

15. Are you signed up with West High eScrip (Carrs/Safeway program which produces funds for projects)? ____ yes ____no

If no, please provide your 11-digit Carrs/Safeway club card number: _____
and address associated with this card: _____ Anchorage, AK 995 _____

Thank you for helping support West PTSA grant program. PTSA receives donations directly from Carrs/Safeway based on 1-4% of your purchases. Sign-ups are at no cost to you; all donations come from Carr/Safeway.

For grant requests more than \$1,000

I agree to help PTSA with its fundraising efforts by (choose one only)

- ___ collecting receipts at Carrs/Safeway with my group during 10% Back-to-Schools (one session)
___ signing up 10 of our group's families with the eScrip program (e-mail westhighptsa@gmail.com for forms)

I understand and agree to this requirement (sign here): _____

16. Are you a member of West High School PTSA? (not required, free to teachers/staff until Oct. 30th) ____ yes ____no

Membership Form at: <http://www.asdk12.org/schools/west/pages/NewWest/Information/PTSA/Membership.pdf>

17. Two weeks prior to PTSA completed applications must be emailed* to westhighptsa@gmail.com, and given to Principal Stone:

Did you give a copy of request to Misty Lisenby in Mr. Stone's office (required)? _____yes _____no