

**West High School PTSA Grant Application
2017/2018 School Year**

Date: _____

1. Grant requested by (name): _____ 2. Department/ activity/ club/ sport: _____
3. Contact Cell/Text Number: _____ 4. Email address: _____
5. Is representative attending meeting: yes no (The 2017-18 PTSA meets on the second Thursday of each month* at 5:30pm in the CTE bldg) *Please double check with the PTSA to find out the actual dates of meetings.
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? _____
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. Attachments are welcome. See West High PTSA Grant Policies for guidelines.

For grant requests \$1,000 or more:

- I agree to help PTSA with its fundraising efforts by: _____
I understand and agree to this requirement (sign here): _____
16. Are you a member of West High School PTSA? Not required but it's free to all teachers, coaches, mentors, and staff: yes no
If you need a Membership form, get it from under the Parent/PTSA tabs on the school website.
17. At least one week prior to PTSA meeting, completed applications must be emailed to westhighpta@gmail.com *and* approved by Principal Gustafson.
Principal approved: yes no

Principal approval: _____
Principal's signature

PTSA BOARD:

Approval date: _____ Check #: _____ Check date: _____ Check amount: _____