



LEGEND SPRINGS
PTA *Membership*
"Every Child One Voice"

LEGEND SPRINGS ELEMENTARY SCHOOL

PTA Grant Funds Application



Teacher(s)/Staff Requesting Grant: _____ Grade Level/Area: _____

Date Submitted: _____

Write a brief summary of the anticipated use of grant funds and how your class/grade level/area will benefit:

How will the grant funds enhance the quality of education within your class/grade level/area:

Please submit specific budget information on anticipated use of grant funds:

Requested Amount (Please include estimated tax & shipping, if applicable):

Principal Basl Signature

Requester Signature(s)

PTA Board Member Use - Date Discussed: _____

Notes:

Approved Denied: _____

Follow Up Required: _____
