

CARNAGE GT/AG MAGNET MIDDLE SCHOOL PTSA TEACHER/STAFF GRANT REQUEST FORM

Submitted by: _____

Email/phone: _____

PTSA Member (required): Yes _____ Not Yet _____ (\$7 attached for membership)

Amount requesting \$ _____ (Limit \$250)

Date Funds Needed by ____/____/____

Purpose and description for Request (please attach any necessary paperwork-copies of quotes, brochures, etc)

Educational Impact (Grades/number of students)

FOR BOARD USE ONLY:

Date submitted at Board Meeting: _____

_____ Approved _____ Declined

_____ Request for further information _____

Requestor Advised _____ Date _____ By _____

Check Number: _____ Date Paid: _____