

# A-S PTSO Grant Request



Date of request: \_\_\_\_\_

This grant is only valid for the school year in which it is submitted.

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

Amount Requested (\$300 max): \_\_\_\_\_

Submitted by: \_\_\_\_\_

Items requested: \_\_\_\_\_

Description of request: \_\_\_\_\_

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Goals and objectives: \_\_\_\_\_

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Vendor or provider- \_\_\_\_\_

Please attach a quote if one is secured.

Administration

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Signature

Date