 **GRANT REQUEST FORM**

**SHHS PTO 2016-17**

TEACHER/STAFF NAME(S):

ONE-SENTENCE DESCRIPTION OF GRANT REQUEST:

PROPOSAL:

(Use additional space as needed. Please explain how the grant will benefit students.)

HOW MANY STUDENTS WILL THE GRANT BENEFIT?

AMOUNT REQUESTED: $

Cost of item:

Shipping and Handling cost:

(Tax Exempt number 34-1714426)

*(Please be sure to search internet for cost savings – every penny counts!)*

**Grant Request Forms are due October 14 to Susan Vodrey at svodrey@aol.com**

FOR PTO USE ONLY:

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised/Suggestions: