



EPHS PTSA GRANT APPLICATION

Teacher/ Aide/ Club Advisor/ Coach: _____

Contact info (email or phone): _____

Class (Subject & Grade): _____

Project Description (*Please include purpose, number of students benefiting, total cost/ budget*):

Amount requested and Date Needed (\$100 Maximum):

Applicant Signature: _____ Date: _____

Please retain a copy for your records.

Please note: All grant applications must be first screened by the PTSA Board and then approved by membership. **PLEASE APPLY AS EARLY AS POSSIBLE!!** Applicant should be a current member of the

EPHS PTSA (see www.ephspotsa.com for application).