

South Lakes HS PTSA Teacher Mini-Grant Request

Teachers need to be PTSA members

Teacher Requesting the Grant: _____

Teacher Email: _____

Department: _____

Date Requested: _____

Amount Requested: _____

Date Needed: _____

Describe the project and how it will benefit the school and students, and complement the curriculum:

Principal's Signature: _____

PTSA Action: (circle one) Approved Denied Date: _____

For internal use: (circle one) Treasurer or File