GENE WITT ELEMENTARY PTO
MINI GRANT APPLICATION

Applicant Name: _____ Date: _____

Cell Number: _____ Email: _____

Grade/Department: _____

How many students and/or faculty will benefit from this grant: _____

Briefly describe your request and the benefit it will provide (attach additional pages if needed):

_____

_____

_____

When do you need this by? _____ Total Cost: _____

Please attach a purchase order, quote, order information, or any relevant documentation to allow the PTO to place the order for your requested materials or program. Mini Grant requests should, at a minimum, benefit an entire department or classroom. All Mini Grant applications are reviewed at our General PTO Meetings. If your request is confidential or time-sensitive, please feel free to email us at genewittpto@gmail.com or reach out to a Board member by text. If you have any questions, please contact Kiley Cannon.

FOR PTO USE ONLY

DATE RECEIVED: _____ DATE REVIEWED: _____

PTO RESPONSE: _____ APPROVED | _____ DENIED | NOTIFIED APPLICANT: _____

VOTE INFO: _____

NOTES: _____

_____

_____

ORDER DATE: _____ ETA: _____ ON GL?: _____

MINI GRANT #: _____ CONFIRMED RECEIPT: _____