

Parish Hill Middle/High School PTO Mini-Grant Request

Date: _____

Staff Name(s): _____, Room # _____

_____, Room # _____

Grade/Department: _____

Unit/Topic/Focus (Explain benefits to students and enhancement to curriculum):

Number of students involved: _____

_____ This will be a one time use. _____ This will be used for _____ years.

Services/Items to be purchased (Specifics of request):

Exact cost including shipping and tax: _____

Date funds would be needed: _____

Place in PTO mailbox. Please keep a copy for your records.