

GRANT APPLICATION 2017-2018

IH PTSA MISSION

To expand educational opportunities and enhance the learning and social environment at Issaquah High through programs, volunteers, advocacy and financial support.

| PROJECT: | Title | | / \$ | | |
|------------------------|------------------------------|-------------------|-----------------|--------|--|
| | | | Amount | | |
| SUBMITTED BY: | | / | | / | |
| | Name | | Phone | E-mail | |
| DATE: | | | | | |
| | | | | | |
| | PROP | OSAL QUEST | TONS | | |
| (1) Describe your pr | oposal in detail - on a sepa | arate sheet if ne | cessary. | | |
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| (2) Itemize the cost | s, including tax and shippi | ng, and attach a | ny price quotes | š. | |
| | | | | | |
| (3) What is the time | eline to implement? | | | | |
| | | | | | |
| (4) How will it foster | student learning? | | | | |
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| | | | | | |
| | | | | | |
| (5) How will it stren | gthen our school commur | nity? | | | |
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| (6) How does it alig | n with the PTSA missi | ion and/or the IHS building goals? | |
|-----------------------|------------------------|--|--|
| | | | |
| (7) How many and | which populations of | students will benefit? | |
| (8) Will this have a | long term impact on | our students/school? How long? | |
| (9) Is this a one-tin | ne expenditure? If no | ot, how will it be funded in future years? | |
| (10) What other or | ganizations have you | or will you apply to for funding? | |
| (11) What is your p | lan if PTSA cannot fun | nd this program? Can adjustments be made? | |
| | | | |
| | | PRINCIPAL | |
| SIGNATURE: | | DATE: | |
| | | PTSA | |
| DATES: | 1. Request Rec'd _ | 2. Confirmation Sent | |
| | 3. Meeting/Vote _ | 4. Notification Sent | |
| DETERMINATION: | Approved | Denied | |
| IF APPROVED: | Amount \$ Conditions | | |
| IF DENIED: | Reasons | | |