|  |  |  |
| --- | --- | --- |
|  | IH PTSA Grant Application  2020 - 2021 | **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:** |  | |  | Are you a PTSA Member? | | Submitted by: | | | |
|  |  | |  | Yes  No | | Teacher  Student  Staff  Parent | | | |

**Submit application to IHPTSAGrants@gmail.com**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSAL QUESTIONS**

1. Describe your proposal in detail – on a separate sheet, if necessary.

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. Itemize the costs, including tax and shipping, and attach any price quotes.

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. What is the timeline to implement?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. How will it foster student learning?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. How will it strengthen our school community?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. How does it align with the PTSA mission and/or the IHS building goals?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. How many and which populations of students will benefit?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. Will this have a long-term impact on our students/school? How long?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. Is this a one-time expenditure? If not, how will it be funded in future years?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. What other organizations have you or will you apply for funding?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

1. What is your plan if PTSA cannot fund this program? Can adjustments be made?

|  |  |
| --- | --- |
|  | Click or tap here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by Principal**

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNATURE: |  | DATE: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by PTSA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES: | 1. Request Received |  | 2. Confirmation Sent |  |
|  | 3. Meeting/Vote |  | 4. Notification Sent |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DETERMINATION: | Approved |  | | Denied |  |
| IF APPROVED: | Amount | $ | | Conditions |  | |
| IF DENIED: | Reasons | |  | | | |