



IH PTSA Grant Application

IH PTSA funds selected IHS-based projects and programs proposed by teachers, staff, parents, or students to further our personal mission:

IH PTSA MISSION

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

Complete this application, including attachments, additional information. Responses may be completed on separate sheet, if necessary. Deliver application packet to IHS main office, with "ATTN: Principal Connolly. IH PTSA Grant Application." Questions, email IHPTSAGrants@gmail.com.

PROJECT:

| | | |
|-------|----|--------|
| | \$ | |
| Title | | Amount |

SUBMITTED BY:

| | | |
|------|-------|--------|
| | | |
| Name | Phone | E-mail |

DATE:

| | | |
|--|--|--|
| | IH PTSA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No | Submitted by: <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Parent |
|--|--|--|

IH PTSA Grant Proposal Questions

(1) Describe Grant proposal, in detail.

Click or tap here to enter text.

(2) Itemized costs, including tax and shipping. Attach Grant quotes.

Click or tap here to enter text.

(3) Grant timeline?

Click or tap here to enter text.

(4) How will Grant foster student learning?

Click or tap here to enter text.

(5) How will Grant support and strengthen IHS school community?

Click or tap here to enter text.

(6) How does Grant align with IH PTSA mission?

Click or tap here to enter text.

(7) How many students, and which populations will specifically benefit from Grant?

Click or tap here to enter text.

(8) Long-term Grant impact on our students and IHS?

Click or tap here to enter text.

(9) Is this Grant a one-time expenditure? If not, how will Grant funded in future?

Click or tap here to enter text.

(10) Other pending same-Grant requests, or future applications?

Click or tap here to enter text.

(11) How will Grant be funded if IH PTSA cannot sponsor? Can adjustments be made?

Click or tap here to enter text.

Completed by IHS Principal:

Approval Signature: _____ Date: _____

Completed by IH PTSA Grants Committee:

1. Request Received Date: _____ 2. Confirmation Sent: _____

3. Voting Date: _____ 4. Grant Status Sent: _____

DETERMINATION: Approved _____ Denied _____

IF APPROVED: Amount \$ _____ Conditions _____

IF DENIED: Reasons _____

Notes: