

GPHS PARENT ORGANIZATION TEACHER GRANT APPLICATION

DATE OF APPLICATION: _____

DATE FUNDS NEEDED: _____

AMOUNT REQUESTED: _____

TEACHER NAME: _____

TEACHER CONTACT INFO (E-MAIL/PHONE): _____

DEPARTMENT: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF WHAT THE GRANT WILL BE USED FOR (I.E. HOW IT WILL BENEFIT STUDENTS, THE COMMUNITY AND/OR GLACIER PEAK HIGH SCHOOL):

WILL YOU BE REQUESTING MATCHING FUNDS FROM SEF? YES ____ NO ____

In addition to the grant application, please be prepared to attend a GPHS Parent Organization meeting to present your request and to answer any questions. The GPHS Parent Organization Board will then review your application and provide a response within one week of the request/presentation.

**TURN IN COMPLETED APPLICATION TO THE PARENT ORG BOX IN THE OFFICE BY FEBRUARY 1.
FUNDING AND INVOICING MUST BE RETURNED BY JUNE 1 TO QUALIFY FOR REIMBURSEMENT.**

FOR GPHS PARENT ORGANIZATION USE ONLY

APPROVED YES ____ NO* ____

CHECK# _____ AMT \$ _____

(*If NO, please include reason here: _____)