

PHS PTO Grants Policy

Revised 2015-2016

PHS PTO Grants are available for students attending an **Academic, Fine Arts or Leadership** program or camp.

The Application must be filled out completely and returned, with all supporting documents, to the **Activities Office** on or before **November 15th** for Winter Break Programs/Camps and **April 30th** for Summer Programs/Camps.

The Applicant or parent must be a PHS PTO member **by September 30th** (for winter camps) **or December 31st** (for summer camps), of the current school year.

The program or camp must relate to academics, fine arts or leadership areas that **directly enrich school experience** and cannot violate MSHSAA rules. Sports programs are excluded (including Drill Team and Cheerleading).

Grant money is made available for both First and Second semester programs.

The grant is not available for travel expenses or College/High School Credit Courses.

Grant awards may be a partial or the complete amount requested.

Only one grant per school year / per applicant.

Checks will be made payable to the program or sponsoring organization.

PHS PTO GRANT APPLICATION

STUDENT NAME _____ AGE _____ GRADE _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ STUDENT ID NUMBER _____

PARENT/GUARDIAN'S NAME _____

PTO MEMBERSHIP NUMBER (Parent/Guardian and/or Student) _____

NAME OF PROGRAM/CAMP _____

(Must relate to academics, fine arts or leadership areas that directly enrich school experience & cannot violate MSHSAA rules and cannot be for college credit courses)

DATE(s) OF PROGRAM _____ COST _____ GRANT AMOUNT REQUESTED _____

Are you receiving money from any other avenue? _____

Please provide a breakdown of the cost _____

WHAT DO YOU HOPE TO GAIN FROM ATTENDING THIS PROGRAM?

HOW WILL THIS PROGRAM ASSIST YOU IN YOUR STUDIES AT PHS?

I SHOULD BE AWARDED THIS GRANT BECAUSE

TEACHER RECOMMENDATION (effort, citizenship, attitude etc. should be included)

TEACHER SIGNATURE _____

PLEASE ATTACH BROCHURE OR FORM DESCRIBING THE PROGRAM YOU PLAN TO ATTEND

PLEASE SEND PAYMENT TO-

PROGRAM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

CONTACT PERSON _____ PHONE # _____

MAKE CHECK PAYABLE TO _____

PAYMENT DUE BY _____