

## PHS PTO Grants Policy

Revised 2016-2017

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 15<sup>th</sup>** for Winter Break Programs/Camps and **April 15<sup>th</sup>** for Summer Programs/Camps.

The Applicant or parent must be a PHS PTO member **by September 30<sup>th</sup>** (for winter camps) **or December 31<sup>st</sup>** (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 \_\_\_\_\_