

**Wakefield High School PTSA Teacher Grant Program**

**2019-20**

Wakefield High School PTSA is pleased to offer staff the opportunity to receive funding for projects or purchases for the 2019-20 school year! Our budget allows us to approve up to $7,500 in teacher grants, so if you are a PTSA member interested in applying for funding please submit your application TODAY!

Timeline:

**Deadline for application 1st semester submission is October 11, 2019 *(No exceptions)***

Grant recipients will be notified by Friday, October 25, 2019

Invoices/Purchase orders will be required for grant recipients by Friday November 8, 2019

**Deadline for application 2nd semester submission is February 21, 2020 *(No exceptions)***

Grant recipients will be notified by Friday, February 28, 2020

Invoices/Purchase orders will be required for grant recipients by Friday March 6, 2020

Guidelines:

* Several grants ($500 or less) are available and larger amounts will be considered.
* Wakefield High School PTSA reserves the right to withhold grant money for an additional application round should the committee find that the criteria and/or guidelines have not been met or require further explanation.
* All materials purchased through this program become the property of Wakefield High School.
* Any grant amount that is not claimed according to the above mentioned requirements will be withdrawn and placed back into the fund for future grant applications awarding.

Criteria:

A PTSA committee will select the grant recipients based on the following criteria:

* Grant applicants must be PTSA members.
* Project/materials will directly and positively impact the students.
* Project/materials can be used repeatedly.
* Funds for project, curriculum, or material to be purchased are not currently available through the school district.
* Number of students benefiting from the grant.
* Diversity of students served by the grant.

Instructions:

1. Fill out the attached form in its entirety and include any supporting documentation.
2. Upon completion of this form, please have Mr. Bazzell review and sign your application in order to ensure no other funding is available for your project/purchase.
3. Return the completed application to the PTSA mailbox in the mailroom.

The Teacher Grant Committee will review all grant application forms and either approve or deny the request.. The applicant will be notified of the decision by deadlines as outlined in timeline.

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| http://www.cnusd.k12.ca.us/cms/lib/CA01001152/Centricity/Domain/2106/PTSA.gif | **Wakefield High School PTSA**  **Teacher Grant Application** | ***PTSA Use Only***  ***Approved: \_\_\_\_\_\_\_\_\_***  ***Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| **APPLICANT INFORMATION** |
| Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department/Subject Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROJECT/MATERIALS INFORMATION** |
| Amount of Funding Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Number of Students Impacted: \_\_\_\_\_\_\_\_\_  *\*\*\*If requesting books, please include title and cost of each book and remember to inquire about the tax exempt status when requesting quotes (you will not be reimbursed for taxes on purchases that are exempt eligible)*  Project/Materials Description *(How will the funds be used? Please provide as much detail about your request as possible. You may attach any pertinent information to this application)*: |
| **SIGNATURES** |
| Applicant Agreement:  I have read and understand the criteria of the Teacher Grant program and hereby agree to the guidelines outlined by Wakefield High School PTSA.  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Principal Agreement:  I hereby confirm that no other funds are available for this project through Wake County Public Schools.  Signature of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |