

Jefferson Township High School PTSA

Staff Grant Application

Date of Application: _____

Staff Member Applying*: _____

Contact Information: _____

Amount Requested: _____

Brief Description of Program/Need:

Date Needed/Time Frame: _____

Please attach any relevant material to the application.

Place application in the PTSA mailbox in the Main Office.

*Staff Member must be a member of the JTHS PTSA in order to be eligible for a grant

PTSA Use Only:

Date Received: _____

Approved: _____ Amount Awarded: _____ Denied: _____

Notes: _____
