 **Gateway Middle School PTSA
 Grant Application**

**Applicant’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current PTSA Member**? Yes No

**What is the item requested, or the project/program description?** Please see scoring rubric for information to include in description. May attach additional sheet if necessary:

**How does this request correlate with Washington State’s academic standards for your class**?

**What is the budget (including tax, shipping, handling, and labor)?**

**What is the amount you are requesting from the PTSA?**

**If this is a technology/software request, do you have Everett School District approval to access/load onto school computers?** Yes No

**What is the longevity of the item?**

**Have you received grant funds in the past?** Yes No

If ‘yes’, please provide the year, amount and description of the item, project or program:

**Please provide the date the funds are needed:**

*The undersigned represents that all of the above information is true to the best of their knowledge and belief. It is agreed by the undersigned that if funds are provided pursuant to this request, those funds will be used only for the purposes set forth above. If any assets are purchased with funds received from the PTSA, those assets are and will remain, the property of Gateway Middle School. Gateway Middle School and the Everett School District acknowledge all maintenance and liability responsibilities resulting from items purchased or projects/programs funded.*

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**Signature of Applicant**

(PTSA Use Only)

Date received: Rubric Score: /48

Board Recommendation Yes No

Approved/Denied Date: