



Classroom Teacher Grant Application

Submitting Teacher: _____ Grade: _____

Email: _____

Enrichment Program Title: _____ Cost: _____

Requested Amount if different from cost of program: _____

Description of Program:

PLEASE RETURN TO PTO MAILBOX IN MAIN OFFICE AND EMAIL: Holly Gadoury
(Classroom Teacher Grant Chair) at hpgadoury@gmail.com

Approval:

Susan Imschweiler, Principal
Yes/No Confirmed with PTO Board

Date: _____

Date: _____