



everychild.one voice.®

North Star PTA Classroom Support Grant Application School Year 2017 - 2018

1. Name of Teacher/Grade/Department:

2. Item(s) Requested:

3. Amount of Request: \$ _____

4. How will the requested items enhance your instruction and/or support student learning?

5. Number of students benefiting from the grant:

6. Attach a copy of cost estimate(s)

7. Application should be returned to North Star PTA mailbox in the office. See attached guidelines.

If you have any questions, contact MaryRuth Nich at ruthie88@comcast.net.

Principal Approval: YES NO Date: ___/___/___ Signature: _____

North Star PTA Approval: YES NO Date: ___/___/___ Amount: \$ _____

Signature on behalf of the Executive Board: _____