

Henry M. Jackson High School



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Jackson High School PTSA

2017-2018 School and Classroom Grant Application

Name of Applicant(s): _____

Total Requested: \$ _____

Department: _____

Grant Request Name: _____

**Please use the checklist below to make sure that you have included
all information required on your Grant Application.**

Any questions please contact: JHSPTSAPresident@gmail.com

- Approval by the principal
- Approval by department head
- Grant proposal description
- Number of students to benefit from this grant
- Detailed breakdown and supporting documentation of all costs for the request that might include bids, quotes, internet order forms, correspondence, invoices, installation, services, shipping & handling, tax 9.9%, etc.
- Purchase Order Request form
- Confirm no consumables/supplies (i.e. paper, ink, pens, food, etc.)

Principal Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Application Deadline: November 3, 2017

*Completed application should be placed in the
PTSA mailbox by end of the day on November 3.*

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