

Holliston PTO Grant Application

Requested By:				
School (circle one):	High School	Adams	Miller	Placentino
Department & Grade:				
Email:				Date:

ITEM REQUESTED:	
AMOUNT REQUESTED: (attach order form or documentation of cost)	
\$	

DESCRIPTION OF REQUEST: (attach any additional documents to support request)

BENEFITS: (include number of students or staff impacted)

Is partial funding acceptable? (mark an X)	YES			NO	
--	-----	--	--	----	--

Have you submitted this request or received partial funding of this request from any other organization? If yes, please include details.

Have you requested the same item(s) to PTSA in the past? (mark an X)	YES		If YES, DATE:	NO	
--	-----	--	---------------	----	--

All requests for software/hardware or similar technology MUST be approved by the Integrates Technology Specialist, Technology administrator or supervisor in your building in advance of submitting this request.
Approved Date:
Signature:

All teacher rewets MUST be approved by Department Chair or appropriate supervisor in advance of submitting this request.
Approved Date:
Signature:
Department:

*** All items purchased through this grant must be labeled as “Property of Holliston Schools” and must remain as such.**

Requestor’s Signature: _____

Date Submitted: _____

Place the completed application in the PTO mailbox in your school’s office or email provided at hollistonpto.org website under “programs/grants”