



# TEACHER/STAFF GRANT APPLICATION

1. Name of Teacher/Staff member requesting grant:
2. Amount requested:
3. Approximately how many students will benefit from this grant?
4. Which grade level(s) would benefit from this grant?
5. What subject/class would benefit from this grant?
6. Please write a brief summary of what your grant money will be used for.
7. Please enter the name of the company this item(s) will be ordered from and include any other additional information that will help with matching up the invoice when it arrives at the business office if your grant is approved.  

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8. Please enter the date of the field trip or activity if this grant is not for an item that needs to be purchased. The deadline to purchase approved grants is six weeks - if it will be longer please state when money will be needed.



**MCHS PTSA**

123 Middle Creek Park  
Apex, NC 27539

MCHSPTSA.PRESIDENTMC@GMAIL.COM

Attach receipt or invoice