

Arrowhead PTA Grant Proposal 2017-18

Applicant

Faculty Name(s):

Grade or Department:

Email:

Phone:

Project information

Project description:

Project purpose:

Target group:

Estimated number of students benefiting:

Itemized cost of resources requested:

Do you anticipate additional funding sources?

Grant follow-up report

(to be presented at an Arrowhead PTA meeting)

Describe how Assessment of the Grant Impact will be collected (surveys, data):

Signature _____ Date _____