

THOUSAND OAKS HIGH SCHOOL



Education Mini-Grant Application

Name of Proposal: _____

Name of Applicant: _____

E-mail of Applicant: _____

Department/Class: _____

Amount requested: _____

Approximate number of students served by proposal: _____

Grade/ Instructional level: _____

Are you a P.T.S.A. member at T.O.H.S.? Yes No

Note: We ask that you be a member of the P.T.S.A. to receive an Education Mini-Grant.

Please note that if you are awarded a mini-grant, your check must be deposited no later than the last day of May of the school year that the grant was awarded in, or you will forfeit the grant. We would then return the grant money to the general fund. Please email completed application to tohsptsa@gmail.com

Please provide a brief overview of your proposal:

Please answer the following questions, which will assist us in the evaluation process.

Additional sheets may be attached as needed:

1. How will the instructional program be enriched if you are awarded a mini-grant? Please explain the broad instructional impact.

2. How does your request demonstrate creative instructional methods and provide a unique learning opportunity?

3. What do you view as the long-term impact of your proposal on the instructional program?

Signature of Applicant: _____ Date: