



Eagle PTO – Grant Request Form

Note: Please attach quotes and other supporting documentation.

Date of Request:

Teacher/Staff Name:

Department:

Email:

Number of McNair JH Students this request will impact:

Total amount of funding provided by participants, district, school or other sources: \$

Total amount requested from the PTO: \$

Please describe the program or project you are requesting PTO funds for:

Detailed List of Items or Services	Vendor Name	Estimated Costs
		\$
		\$
		\$
		\$
	Total	\$

Principal's Signature (REQUIRED)

Date

PTO Use ONLY:

Approved in Full ___

Approved in Part ___

More Information Needed ___

Denied ___

Comments: _____