



PTO Grant Request Form
2023/2024

Submit questions, completed form and supporting documentation (as attachments) to:
pwmsptograntrequests@gmail.com

Date of Request Submittal: _____

Requestor: _____
(List name of Committee/Organization/Staff Member)

Contact Person: _____ Phone Number: _____

Was Request submitted to WMS Admin for consideration? [] Yes [] No

Was Request denied by WMS Admin? [] Approved [] Denied

If request was denied by WMS Admin, state main reason given: _____

Total Request Amount: \$ _____
(Includes charges for shipping, handling, any installation, etc.)

Describe WHAT you are requesting financial support for:
(Attach any catalogs, files, research, photos, or other information helpful in the consideration of this request)

Horizontal lines for describing the request.

Category of Request:
(At least ONE category MUST be selected for Grant consideration)

- [] Teacher / Classroom Supplies
[] Facilities Improvement
[] Curriculum Enhancement
[] Direct Student Support

Describe WHO this would impact and HOW:

Horizontal lines for describing impact and how.

Requestor additional Comments:

Horizontal lines for additional comments.

Important: Grants are non-recurring and must be re-applied for in each instance

DATE request received: _____ **DATE of Grant Review Meeting:** _____

COMMENTS/QUESTIONS from Review:

Request Approval Status? **Approved** **Denied** **In-Progress**

ACTION of Review Committee:

Submit questions, completed form and supporting documentation (as attachments) to:
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