



San Juan Hills High School PTSA
DEPARTMENT/ TEACHER GRANT APPLICATION

Questions: Please contact Kori Kintsch - PTSA President sjhhsptsa@gmail.com

Teacher Name/ E-mail: _____

PTSA Member: YES NO Department: _____

I am applying for PTSA funds for the following program, project, activity and/ or equipment. Please include the estimated number of students who will benefit from this grant. Attach additional pages or documents is necessary.

AMOUNT REQUESTED \$ _____

Teacher/ Dept Chair Signature & Date: _____

E-mail or Phone: _____

Principal Signature & Date: _____



TO BE COMPETED BY PTSA PRESIDENT

PTSA Membership Verified YES NO
Receipt/ Invoice Attached YES NO

PTSA ASSOCIATION VOTE: YES NO CHECK# _____ DATE _____

PTSA President's Signature _____ *DATE* _____