

# SHADY GROVE ELEMENTARY PTA

## 2024-2025 Classroom Educational Funds Application

Request Date: \_\_\_\_\_

Applicant Name (s): \_\_\_\_\_

Email: \_\_\_\_\_

Funds Request: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Briefly outline your ideas and explain how the PTA funds will be used:

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How many and which students would benefit?

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# SHADY GROVE ELEMENTARY PTA

Is there anything else to consider when evaluating this proposal?

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How does this request meet campus goals?

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What process of reimbursement is anticipated, check one?

<input type="checkbox"/>	PTA will reimburse me for the purchase.
<input type="checkbox"/>	SGES has verified this vendor is an approved vendor and they can purchase the items.

Please submit completed form and supporting documents to Roxane Galassini. Thanks!