

Hillside Avenue School PTA  
Mini-grant Application (2017-2018)

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

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

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

Role(s) in school (3<sup>rd</sup> grade teacher, classroom aide, librarian, custodian, etc.)

\_\_\_\_\_

What do you want the money for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want the money?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total amount requested (if this will not pay for the entire item/ experience, please list how much the total is): \_\_\_\_\_

Please submit via email to [hillsideavepta@gmail.com](mailto:hillsideavepta@gmail.com) ATTN: Mini Grants.