Galileo STEM Academy PTA

Teacher Grant Request

Teacher Name:_____

Email Address: _____

Total Amount Requested: $_____

Budget Request for:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(Please do an itemized income and expense breakdown or written plan for your request. Attach supporting paperwork, if applicable.)

_____ _____
Teacher Printed Name Date Submitted

_____
Teacher Signature

Request Approved: [ ] YES [ ] NO Amt. Approved: $_____

_____ _____
PTA Board Printed Name Date Approved Date Approved

_____
PTA Board Signature