

Saline High School Grant Request

Please email this form along with all pertinent documents to the SHS PTO:
shspto@salineschools.org. **Grant must be received by May 1st for consideration.**

Submitted by (individual/group): _____

Subject Area/Grade Level: _____

Email: _____

Date Requested: _____ Amount Requested: _____

STOP: Before submitting this request please review your project/grant with SHS Principal/Administrator OR Group/Class Advisor and have them sign here:

This project has been approved by: _____

Describe your project/item to be purchased: _____

What learning/school objectives does this address (who benefits, how and for how long?): _____

Timetable/when do you need the funding? _____

For Treasurer's Use Only

Approved: ___ Yes ___ No, if no explanation: _____

Check # _____ Date: _____ Amount: _____ Charge to Account: _____