MORNINGSIDE ELEMENTARY SCHOOL
2018-19 PTA GRANT APPLICATION

*Please complete this application and submit electronically to Cathleen Miller at cathleenegan@hotmail.com, or drop in PTA Grants box in the main office. The deadline for applications is **Friday, October 26, 2018**.*

Contact Cathleen Miller with questions: cathleenegan@hotmail.com or 404.216.0800.

Applicant Information

Name: _____

Relationship to Morningside Elementary School: (check all that apply)

_____ Student (grade): _____

_____ Teacher (grade/subject): _____

_____ Parent (grade(s) of children): _____

_____ Staff (position): _____

_____ Faculty (position): _____

_____ Community liaison (position): _____

_____ Other: (explain) _____

Email Address: _____

Phone Number: _____

Grant Information

Grant Name: _____

How much funding are you seeking? _____

Is this project a new idea? (circle one)   yes   no

If yes, describe how the idea is innovative._____
_____
_____
_____

Has this project received a grant from the PTA in the past? (circle one) yes   no

If yes, explain the results of the past application, how much funding it received and why it is being resubmitted.
_____
_____
_____

Does this project receive funding from other sources? (circle one)   yes   no

If yes, check all that apply:

___ Atlanta Public Schools

___ Department Budget

___ Other MES Budget

___ Other Grants

___ Other PTA Funds

___ Private donations

___ Other (please specify):_____

Purpose of Project

Provide a **summary description** of the project.

_____
_____
_____
_____
_____
_____
_____

Identify the **goals** of the project. Explain how it enriches learning.

_____
_____
_____
_____

How will you **implement** this project?

_____
_____
_____
_____

Who will **benefit** from your project? Include number of children, teachers, etc.

_____
_____
_____
_____

What is the **duration** of the project?

_____
_____

Will others be allowed to **replicate** your project? Will you share your findings with others? How will you do this?_____

_____
_____
_____

How will you **evaluate** your project? How will you measure success?

_____
_____
_____
_____

Project Budget

A detailed budget for this project must be provided. You may attach the budget to this application or use the space below. By submitting this proposal, you agree to return to the Morningside PTA any monies for which you cannot account and do not spend.

_____
_____
_____
_____
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_____

Additional Information

Use this space to provide any additional information you think the Committee should know while evaluating your application.

_____
_____
_____
_____
_____
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_____
_____
_____
_____

_____
Print Name

_____   _____
Signature   Date