



Teacher Grant & Funding Request

The Schroon Lake PTSO welcomes funding requests from Schroon Lake Central School teachers and staff for projects, programs, materials, experiences, and other needs that enhance student learning and school life. For field trips, please use our Field Trip Request form.

Please provide enough information for the PTSO to understand the request, its anticipated impact, and how the requested funds will be used.

Applicant Information

Teacher/Staff Member: _____ Grade(s)/Department: _____

Email: _____ Phone: _____

Date Submitted: _____ Funds Needed By: _____

Funding Request

Project / Program / Item Name: _____

Amount Requested from PTSO: \$_____ Total Estimated Cost: \$_____

If the PTSO is not being asked to fund the full cost, what are the other funding sources or amounts:

Type of Request:

☐ Classroom materials or supplies

☐ Technology or equipment

☐ Educational enrichment

☐ Student activity or event

☐ Subscriptions / software

☐ Special project

☐ Arts / music / theater

☐ Other: _____

Tell Us About Your Request

Please briefly describe what you are requesting and how the funds will be used.

How will this benefit students or enhance their educational or school experience?

Approx. how many students will benefit? _____

Will this benefit students beyond the current school year? ☐ Yes ☐ No

If yes, briefly explain: _____

Budget / Purchase Information

Please provide an estimated budget or attach supporting documentation: _____

Preferred payment method, if known:

☐ PTSO purchases directly

☐ School/vendor invoice

☐ Reimbursement after purchase

☐ Other: _____

Vendor/Business Name: _____

Website or ordering information, if applicable: _____

Attachments included:

☐ Quote/estimate

☐ Program information

☐ Shopping cart or product link

☐ Other: _____

☐ Invoice

Additional Information

Has the PTSO previously funded this request or a similar request? ☐ No ☐ Yes

If yes, approximately when? _____

If this request cannot be funded in full, would partial funding still be useful? ☐ Yes ☐ No

If yes, minimum amount that would allow the project to proceed: \$ _____

Anything else you would like the PTSO to know? _____

Applicant Acknowledgment

By submitting this request, I understand that:

- Submission does not guarantee funding.
- PTSO funding is subject to available funds and approval under the PTSO's procedures.
- Funds should be used for the purpose described in this request unless the PTSO approves a change.
- Receipts, invoices, or other documentation may be required before or after payment.
- Any unused funds or refunds attributable to the PTSO-funded purchase should be returned or credited to the PTSO, as applicable.

Applicant Signature: _____ Date: _____

PTSO USE ONLY

Date Received: _____

Amount Approved: \$ _____

Amount Requested: \$ _____

Date of Decision: _____

Decision:

Payment Method:

☐ Approved in full

☐ Vendor payment

☐ Approved in part

☐ Reimbursement

☐ More information requested

☐ Direct Purchase

☐ Not approved

☐ Other: _____

PTSO Notes / Conditions: _____

Approved By: _____