

MoundsPark

A C A D E M Y

PARENTS ASSOCIATION MICROFUNDING OF STUDENT ORGANIZATIONS/CLUBS AND CLASSROOMS APPLICATION FORM

Name(s) of Student or Teacher Applicant _____

Student(s)/Teacher(s) contact email(s) _____

Student(s)/Teacher(s) contact phone #(s) _____

Name of Student Organization/Club or Classroom _____

Name of Student Organization/Club Advisor (if applicable) _____

Club Advisor email/phone #(if applicable) _____

Have you consulted with the student organization leader or club advisor?
(If applicable) [Please circle one] Yes / No

Title of project _____

Amount of funding requested _____

Deadline for when funding is required _____

If funding is granted, to whom should the check be made out? _____

1. How does the project enhance what the student organization/club/classroom already does?

2. How does the project support the education & enrichment of the MPA student community/classroom?

3. What is the benefit to the MPA student or family community?

