

## 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?

4.	How many students and/or families does this proposal impact?
5.	Details of how the funds would be used.
6.	Are you receiving additional financial support for this project? If so, please indicate what portion you wish the PA will contribute. (ie: the PA grant will fund 1/2 of the program).
P/	A Coordinator Approval Signature Date
	Send form via email to Sandra Schreur Jones at <a href="mailto:norman.jones@comcast.net">norman.jones@comcast.net</a> . Please call 651.815.5546 if a response stating 'application received' has not been returned within 3 days of the application submittal.
	Thank you.