**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 and 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).

PA Coordinator Approval Signature Date

Send form via email to Seema Anwar at seema\_anwar@hotmail.com

Thank you.