

## Green Brook PTO Mini Grant Application

Teacher (s) Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level (s): \_\_\_\_\_

Subject Area: \_\_\_\_\_

Item(s) for Purchase:

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Approximate Cost: \_\_\_\_\_ Number of Students to Benefit: \_\_\_\_\_

Description of intended project/use. Please include unit objective/lesson connection, relevance or enhancement to curriculum and benefit to students.

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The undersigned educator requests the above items for classroom use and agrees that all items purchased by the Green Brook PTO are the property of the Green Brook School District.

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Educator Signature

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Principal Signature

