**Trailside Middle School Teacher Grant Application**

**Please email completed form to treasurer@trailsidemiddleschoolpta.org**

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| Teacher Name(s): | Date: |
| Group (team, grade, club, classroom, etc.): | Email Address: |
| Project Title: | |
| Total Funding Requested: $ | |
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| **Overview:** Please provide a brief project overview. Include project goals and how it will enhance student learning. | |
| **Details:** Please describe your target population (i.e., 100 students) and what activities will be completed to meet your goals: | |
| **Measures:** How will you measure the effectiveness of your project: | |
| **Itemized Prices:** Please provide a listing of the items the grant will be used for (picture of Amazon Cart, url, screen shot, list, etc.): | |