

Mitchell Elementary School PTO Teacher Grant Application 2022-2023 **Applications are due to Mrs. Pinho by 11/4/22**

Name of Certified Staff Member:		
Contact Phone Number:	Email:	
Grade or Special Area:	Date:	
A. Give a short description of the p	project/item. Attach additi	ional information if necessary.
P. How will this project/item halp f	iuthor oducational progra	mming at MES2
B. How will this project/item help f	urtiler educational progra	mining at MES?
C. How many students will be impa	acted?	
D. Provide a monetary breakdown as shipping and handling, etc.:	and the total amount requ	uested. Please involve all costs such
		\$
		\$
		\$
Total Budget	ted amount requested:	\$
Applicant Signature:	Dat	re:

Principal Approval:	Date: