



School of the Arts PTSA
Member of South Carolina PTA, a 501(c)3 organization
5109 W. Enterprise Street
North Charleston, SC 29405

SOA PTSA GRANTS APPLICATION

REQUESTED BY: _____

Position: _____

Arts: Academics: Guidance: School: Other Dept:

Contact information: _____

Amount requested: _____

Please describe what funds will be used for:

Event: YES NO If yes: name, date, location event:

Supplies: YES NO If supplies, list below:

Equipment: YES NO If equipment, list & describe:

Rationale for request:

Do you have a booster club that raises funds for you: YES NO

If so, has the booster club contributed to this request? YES NO

Grants Committee review comments:

Grants Committee recommendation to approve or not:

Board approval: YES NO

Date:

Check #:	Check Date:
Check mailed/delivered on:	Budget Line: