Boyceville Area PTO Mini-Grant Application
Project Title:
Amount Requested: Date funds needed by:
Applicant(s): List the Project Coordinator first.
Project Description
Give a quick overview and statement of purpose for the proposed project. Please include a list of planned purchases. *Attach additional page(s) if needed.
How many students will this project impact?
Certification Signatures
Project Coordinator:
PTO Representative:
Building Principal:

Make two copies of this application form. Keep one copy for your records. Put the second copy in the **PTO mailbox** in the TCE workroom.