



Teacher Venture Grant Application

Applicant (s)

Date

Phone # (ext)

School

Project Title

Grade Level/Department

\$ _____
Grant Request

Grant requests will be reviewed and processed as submitted with grant money distributed after approval (or at board's discretion depending upon funds availability).

Signature of Applicant

Date

Signature of Building Administrator

Date

Signature of Superintendent

Date

Please send completed (typed with signatures) applications to:

PGA Education Foundation
Attn. Venture Grant Committee
PO Box 98
Pine Grove, PA 17963

IV. Budget -Has any previous budgetary and/or grant request for this project been denied or is pending Explain.

Detail your budget request. Include specific information such as kinds of materials and equipment needed, supply sources, etc. **Be sure to include all costs.**

	ITEMS	SUPPLIER	COST
Example:	6" Learning to Read book	ABC Book Company	\$33.00