

***The PTSA’s mission is to make every child’s potential a reality by engaging and empowering families and communities to advocate for all children.***

**PTSA Professional Grant Application Guidelines**

**(updated 3/2022)**

**Description:** To support the continuing education goals of our teachers and staff, the PTSA is pleased to provide grants for relevant educational experiences and training that align with the PTSA’s mission and has the greatest and most significant impact for MPMS students. Most favorable grant applications include requests for professional development opportunities that:

* Have the potential to enhance the curriculum and educational experience for as many of the applicant’s students as possible,
* Are for fees and materials associated with the opportunity (travel, lodging, and meal costs are not eligible), and
* Could not or would not be reimbursed by MPMS or WCPSS.

**Eligibility:** MPMS Teachers and Staff who are members of the MPMS PTSA

**Award:** Up to $250 per teacher, per budget year (July 1-June 30). This individual limit may be increased depending on the budgeted fund availability during the last quarter of the school year.

**Award Process Timeline:** Applications may be filled out at any time and will be reviewed monthly. Please return the completed form to the Lead Secretary for the Principal’s approval. Upon approval by the Principal, the grant application will be forwarded to the Grants Committee for review and approval. The Grants Committee will then present the application to the PTSA executive board for final approval and the release of awarded funds to the primary contact listed on the application.

**Award Criteria:** New grant applications are reviewed monthly, beginning in September, and are ranked using the criteria explained in the Description section. Grants are then awarded from highest to lowest ranking until Professional Development Grant funds for the current school year are exhausted.

**Required Documents:** Because PTSA funds are for reimbursement only, please include appropriate original legible receipt(s) with the completed Grant Application form. If the application is not accompanied by receipt(s), grant recipients will have six weeks from notification of the award to submit receipts before the award is relinquished.

**Contact:** For questions, please contact: grants@mpmsptsa.org.

Thank you for all that you do for the student of MPMS!



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**PTSA PROFESSIONAL DEVELOPMENT GRANT APPLICATION**

**APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PURPOSE OF GRANT (**please include information about the professional development opportunity sought)**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE(S) OF PROFESSIONAL DEVELOPMENT OPPORTUNITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE(S) IMPACTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF STUDENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE FUNDS NEEDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*FOR BOARD USE ONLY\*\*\***

Principal Signature for approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Grant Application Received by PTSA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTSA Grant Committee Recommendation: Approve/ Table/ Deny Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTSA President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Reimbursement Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_