**Dobbs Ferry PTSA**

**2024-2025 Grant Application**

**Thank you for your interest in applying for a teacher grant. We look forward to reviewing your application. Please note that there is a $500 maximum grant. Make sure to complete the application in its entirety to prevent delays.**

**Instructions**:

* Complete, print and sign application.
* Submit your application to the school principal for approval and signature.
* Scan and email the application to [dobbsferryptsa@gmail.com](mailto:dobbsferryptsa@gmail.com) and cc the appropriate PTSA school vp:
  + Katie Moss (K-2) for Springhurst - [springhurstvp.lower.dfptsa@gmail.com](mailto:springhurstvp.lower.dfptsa@gmail.com)
  + Kirsten Osur (3-5) for Springhurst - springhurstvp.upper.dfptsa@gmail.com
  + Lauren DeVilbiss for Middle School - msvp.dfptsa@gmail.com
  + Robert D’Annibale for High School - hsvp.dfptsa@gmail.com
* We accept applications on a rolling basis. Last day to submit a grant application is April 30, 2025. Please allow two weeks to review applications. We will email the results of the review.

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Applicant Name |  |
| Email Address |  |
| Project Name |  |
| Project Start Date |  |
| School |  |
| Grades impacted |  |
| # of Students |  |
| Grant Amount Requested |  |
| Alternate funding? Please list sources and amount. |  |
| Has the DF PTSA funded this before? |  |
| If previously funded by the PTSA, please list how the project scope has changed or if the funding needed has changed. |  |
| Have parents contributed to this project? |  |

PROJECT DETAILS

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| --- |
| Describe your project. Please be specific on the plans, supplies needed and how it will benefit students. Include how many students will benefit. |
|  |
| Does this project build on a former project, if so, how? Or is this a new project? |
|  |
| Tell us how this project incorporates the district’s curriculum. |
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| How will you measure the project’s success? How will you build on the project’s success? |
|  |
| Does your project require technology? Please share details. |
|  |

**BUDGET**

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| --- | --- | --- | --- |
| Item | Quantity | Unit Cost | Total Cost |
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Total amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approvals:

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your submission. Please allow 2 weeks to review your request. If you have any questions, please reach out to the school VPs or email dobbsferryptsa@gmail.com.*