Completion of application does not guarantee funding. Your presence may be required at a PTO meeting for questions. Please submit the application as far in advance as possible for timely consideration to President@vlmpto.org, VicePres@vlmpto.org, Treasurer@vlmpto.org.

|  |  |
| --- | --- |
| **Name of Project or Event:**  |  |
| **Class or Group requesting:** |  |
| **Teacher/Project Lead:** |  |
|  |  |
| **Summary of Project/Event, including timing:** |
|  |
| **Number of students participating:** |
| **Expected benefits of the project to the participating students:** |
|  |
| **Expected benefits of the project to the school:** |
|  |
| **Project Expenses:** (May also attach receipt or order form. Copes or scans of receipts will be required.) | **Amount** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total** |  |
| **Amount Requesting from PTO:**  |  |

To ensure timely payment, what name and address should be used to mail any check or pay via Venmo/Paypal necessary for any reimbursement:

|  |  |
| --- | --- |
| **Name:** |  |
| **Address/City/State/Zip:** |  |
| **Phone:** |  |
| **Email:** |  |