

THOUSAND OAKS HIGH SCHOOL



Education Mini-Grant Application

Name of Proposal: _____

Name of Applicant: _____

E-mail of Applicant: _____

Department/Class: _____

Amount requested: _____

Approximate number of students served by proposal: _____

Grade/ Instructional level: _____

Are you a P.T.S.A. member at T.O.H.S.? Yes No

Note: We ask that you please be a member of the P.T.S.A. to receive an Education Mini-Grant.

Please note that if you are awarded a mini-grant, please claim your grant no later than, **Friday, May 18th**, or you will forfeit it and we will return the grant money to the general fund.

Please provide a brief overview of your proposal:

