

Montgomery High School Alumni Foundation

Grant Funding Request

Check appropriate box:

A - up to \$300.00 SUBMIT AT LEAST (1) BOARD MEETING IN ADVANCE OF FUNDING DATE.

B - \$301 \$499 C -  \$500 and up. SUBMIT AT LEAST (2) BOARD MEETINGS IN ADVANCE OF FUNDING DATE.

Today's Date: \_\_\_\_\_ Request Amount: \_\_\_\_\_ Funds Required by: \_\_\_\_\_

**If granted this funding will benefit:**  A MHS educational program  A MHS extra-curricular program

Reference Title of Project: \_\_\_\_\_

<b>Requestor's Information</b>	Submitted by.	_____
	Department	_____ <input type="checkbox"/> Class <input type="checkbox"/> Club <input type="checkbox"/> Activity Name _____
	Phone Numbers	_____
	Email	_____

Describe your project, activity, or item and explain how it will benefit the students.

How many MHS students, now and in the future, will benefit by this funding? Useful life of tangible item?

If funded, how will this money be spent? Please attach a detailed budget/invoice/proposal.

How and when will you implement this project, activity, or purchase item?

How do you plan to share the benefits of this funding with other MHS teachers and students?

Are you seeking or have you sought funding for this purpose from any other source, including fund-raising? Describe:

If this is a recurring activity, project, or expense, how has the need been met in the past? Do you anticipate requesting MHSAF funds for this purpose in the future?

Additional details you wish to provide (  check box if additional pages or exhibits are attached):

If funded MHSAF requires that you provide a summary report on the success and/or effectiveness of your project or activity. Testimonials from students, teacher, and parents are encouraged. Permission is hereby given for MHSAF to use these materials in its fund-raising activities.

Approvals	REQUESTOR	Signature: _____	DATE SUBMITTED:
		Name _____	
	DEPT. HEAD	Signature: _____	DATE SUBMITTED:
		Name: _____	
	PRINCIPAL	Signature: _____	DATE SUBMITTED:
		Name: _____	

MAIL COMPLETED REQUEST TO: P.O. Box 1581, Santa Rosa, CA 95402, OR SCAN AND EMAIL TO: joanne@montgomeryvikingsalumni.org

*For MHSAF Use:*

Fully funded     Partially funded \$ \_\_\_\_\_     Not funded - do not resubmit.  
 Not funded: resubmit at future date: \_\_\_\_\_

Deciding factors/notes:

Date funded/notified:	Funded/notified by:	
Date post-project summary received:	Received by:	