



**Parent Student Faculty Association**

**Student/Club Grant Request**

**Advisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHS telephone extension:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount requested: \$** \_\_\_\_\_

**Description of item(s)/service(s) to be purchased with grant funds:** \_\_\_\_\_

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**Goals/Purpose/Benefit to Students of Grant:** \_\_\_\_\_

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**Academic classes/clubs benefiting from grant:** \_\_\_\_\_

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**Timeline for intended use of grant:** \_\_\_\_\_

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