



FORM C  
**Restricted Grant Application**  
2023 - 2024

Due in part to our amazing donors who participated in our Raise the Paddle Event at our 2018-2019 Lake Youngs Auction, the Lake Youngs PTSA has a special grant available at this time specifically for Special Education purposes. Please fill out **PART 1** of this application and submit as soon as possible to your Office Manager.

**Grant Guidelines:**

- Applications will be reviewed each month by the Executive Board.
- Please attach all supporting documentation with your application.
- Purchased items must remain with the Lake Youngs program for which they were purchased.
- Funds should be used for tangible items that provide an ongoing benefit for the program for which they were purchased. Not to include items that require a recurring cost, including subscriptions.

\*Not intended to replace traditional curriculum funding from Lake Youngs Elementary and Kent School District.\*

**PART 1**

Primary Applicant Name & Position: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Additional Applicants: \_\_\_\_\_ Date: \_\_\_\_\_

Total Requested: \$ \_\_\_\_\_ Number of students that will benefit: \_\_\_\_\_ Date funds are needed: \_\_\_\_\_

Specific purpose of request and desired curriculum goal or benefit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

Office Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**PART 2**

Date Received: \_\_\_\_\_ Date Reviewed by PTSA Board: \_\_\_\_\_

Amount Approved  Denied/ Reason: \_\_\_\_\_

Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Check made out to: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LAKE YOUNGS PTSA**

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