

**Walt Whitman PTSA**  
**Application for Program & Classroom Grant**

Name(s) of faculty member(s) applying for the grant:

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Department for which grant is requested: \_\_\_\_\_

Email Address (to be notified of grant status)\_\_\_\_\_

Scientific equipment or instructional material requested (give company, edition, etc.- all information needed to identify the item):

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Cost: \_\_\_\_\_

Reason for request: \_\_\_\_\_

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Indicate how the requested item/materials will be used (general classroom use, individual student projects, a resource for teachers, etc.):\_\_\_\_\_

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Date Needed \_\_\_\_\_

Applicant's signature/ date \_\_\_\_\_

**Mail to Sheila Duncan-Peters, 8037 Cypress Grove Lane, Cabin John, MD 20818**  
**or put in blue Treasurer's folder in PTSA box at Whitman**

Questions? Contact Sheila Duncan-Peters, Treasurer – [speters@cbmove.com](mailto:speters@cbmove.com)

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Amount Granted \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_