



ROMS EDUCATIONAL FUNDING SUPPORT APPLICATION

School Year: _____ through _____

Applicant Information

Name: _____ Subject/Grade: _____

Email: _____

Educational Support Information

Title of Program: _____

Budget Request: _____

Timing for Receipt of Funding: _____

Educational Support Goal: _____

Educational Support Description: _____

Pre-Program Information (if applicable)

Student Population Benefiting (grade of students benefiting): _____

Number of Students Benefiting: _____

Clearly describe your procedures (attached documentation can be included if needed): _____

Feedback (plans for project evaluation, including anticipated outcome and means of measurement)

Details: _____

Budget

Details: _____

Total Cost: _____

PTA Funded Amount: _____

Other Source of Funding: _____

Was program previously funded by another source? Yes / No

If yes, what was the previous source of funding? _____

Why should this program be supported by PTA? _____

Questions?

Please contact the ROMS PTA President at: ROMSPTA@gmail.com
www.roms-pta.com