

Teacher's Name:		Date: .	
Grade Level(s):		Number of Students Impacted:	
Number of Teachers Involve	ed:		
Name of All Involved Teache	ers:		
Total Amount of Request:			
Breakdown of Costs			
DESCRIPTION			COST
		TOTAL	
By signing this form, I confir necessary.	m that all data entered is ac	ccurate, and wi	ll provide invoices and receipts as
Signature		Date	
one page or less how this will k included and listed separately	penefit the students; use exam . Incomplete applications will n	ples if needed. S ot be considered	u are requesting it. Please explain in Shipping and handling costs must be d. Please give your CAPTO at least 6 oprove and process payments.
Once you have completed this	form and explanation, please	email both to co	ornerstoneacademypto@gmail.com.
Thank you, Your CAPTO			
Approved Date:	Denied Date:	(short explanation attached)	
Board Member Signature:			-
If outside of budget, date of b	poard voting and approval:		

PTO grants are to be used for classroom materials/equipment and become the property of Cornerstone Academy. In the event of a resignation or retirement, all non-consumables purchased with this grant money will remain at Cornerstone Academy. There is no relationship between individuals receiving this grant and members of the Executive Board that would result in an Excess Benefit Transaction. Grants for Specials programs are not to be used for extracurricular activities related to the specials class.

You can also find this form online for submission at