

**Mitchell PTA  
Request for a Mini-Grant**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Description of Grant Request: \_\_\_\_\_

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Benefit to Mitchell Elementary: \_\_\_\_\_

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Other Sources of Funding: \_\_\_\_\_

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Administrative Approval: \_\_\_\_\_

PTA Board Approval Date: \_\_\_\_\_

PTA President's Initials: \_\_\_\_\_