



LOWELL HIGH SCHOOL

PARENT TEACHER STUDENT ASSOCIATION

Lowell PTSA Grant Application Questions, 2025-26

- Applicant
 - Email Address
 - Are you a 2025-2026 Lowell PTSA Member?
 - Applicant First Name
 - Applicant Last Name
 - Applicant Phone Number (area code + number with no spaces)
 - What is your affiliation to Lowell?
 - What is your job title at Lowell?
 - For applicants who are employees of Lowell, please indicate the department or organization that would receive the grant.
 - For applicants who are Lowell students, please indicate the type of club or organization that would receive the grant.
- Co-Signer
 - Co-Signer First Name
 - Co-Signer Last Name
 - Co-Signer Job Title
 - Co-Signer Email Address
 - Co-Signer Phone Number (area code + number with no spaces)
- Program or Project
 - Name of Program or Project
 - Describe the proposed program or project and how the requested funding will be used. Be specific about activities, materials, and outcomes. (2,000 character maximum, about 300 words)
 - Date Funding Needed By
 - Amount Requested
 - How many students will benefit from the proposed program or project?
 - Timeline of the Program or Project.
 - Consistent with your answer to the previous question, please indicate approximately how long the funding will support your program or project?
 - Please describe the significance of the impact from your program or project. How meaningful is the benefit to Lowell's students? (2,000 character maximum, about 300 words)
- Grant Details
 - Are you planning to purchase a service, such as a registration fee, travel expenses, or a guest speaker?

- Please indicate which services you plan to purchase. Check all that apply.
- Are you planning to purchase tangible materials or equipment, such as books, technology, musical instruments, or sports uniforms?
- Please indicate which materials or equipment you plan to purchase. Check all that apply.
- For each Vendor (up to five)
 - Description
 - Unit Cost (\$)
 - Quantity
 - Subtotal (\$): Total payment to Vendor (before taxes and shipping)
 - Do you want to add another vendor?
- Financial Summary
 - Total Cost of Items and Services (\$ before tax)
 - Sales Tax (\$)
 - Shipping & Handling (\$)
 - Grand Total Cost of Items and Services (\$)
- Alternative Funding
 - Have you applied for other sources of funding? Please list all funding applications that you have submitted. List the name of the funding source, the amount you requested, and the status (pending, rejected, awarded). Example: Clorox Stem Program, \$500, pending
 - Do you have any fundraising activities planned or underway? If so, please provide a brief description.
 - Have you received funding from the PTSA or other sources for this program or project in the past?
- Applicant Certification
 - Upon completion of your application, please check each box below to acknowledge your agreement to each statement.
 - I certify and affirm that all information presented in this application is true and accurate.
 - I acknowledge the PTSA grants committee may contact my co-signer to confirm his/her support for my request.
 - If my grant request is approved, I agree to submit my reimbursement request to PTSA by the designated deadline.
 - If my grant request is approved, I agree to send a brief summary describing the results of the program or project, accompanied by photos and, if appropriate, video. Please send materials to grantsvpptsa@gmail.com within 30 days of grant award. Failure to do so may affect future grant decisions.