

# DIVERSITY GRANT APPLICATION

## APPLICANT(S) INFORMATION

Name:

Board Position:

Address:

Phone:

Name:

Board Position:

Address:

Phone:

Email:

Email:

## LOCAL UNIT INFORMATION

Local Unit Name:

School address:

Zip Code:

Phone:

E-mail:

City:

Zip Code:

Number of Board  
Members:

## PRESIDENT CONTACT INFORMATION

Name:

Address:

Phone:

City:

ZIP Code:

**TREASURER INFORMATION**

|          |        |  |
|----------|--------|--|
| Name:    |        |  |
| Address: | Phone: |  |

**MEMBERSHIP AND BUDGET AMOUNTS**

|                        |                          |                               |
|------------------------|--------------------------|-------------------------------|
| 20010-2011 Membership: | Annual budget 2010-2011: | Please provide copy of budget |
| 2009-2010 Membership:  | Annual budget 2009-2010: | Please provide copy of budget |

**SIGNATURES**

I authorize VA PTA, to consider this application for grant approval

|   |       |
|---|-------|
| Signature of applicant:                                   | Date: |
| Signature of applicant (only if for a joint application): | Date: |
| Signature of President:                                   | Date: |

Please use this space for the paragraph stating your unit's financial need and how you plan to use this grant to promote diversity in your unit.