

# Galileo PTSA Teacher/Staff Stipend Request

Please be sure to review the PTSA Grant Funding Guidelines carefully before completing the application.  
All required fields marked with an\* must be completed in full.

Applicant's First Name\* \_\_\_\_\_ Applicant's Last Name\* \_\_\_\_\_  
Applicant's Email\* \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
Department/Organization\* \_\_\_\_\_ If Other, Please Specify \_\_\_\_\_

Is this a new application for this stipend request? \* Yes  No   
If no, please provide the date of the original grant application \_\_\_\_\_

## Detail Cost of Service(s) or Item(s) to be Purchased

Please detail below the cost for the project/program that you are proposing. For each item or service that you wish to purchase as part of your proposal, obtain the best price. Be sure to include all sales tax, shipping

Item(s)/Vendor Name(s)\*

Description for item(s)/vendor(s) \*

Unit cost of items/services before tax (\$) \* \_\_\_\_\_ Sales Tax (\$) \* \_\_\_\_\_

Shipping & Handling (\$) \* \_\_\_\_\_ Grand total cost of items/services (\$) \* \_\_\_\_\_

**Other Source(s) of Funding**

To ensure optimal funding for your project, we encourage applicants to explore a variety of funding sources, including but not limited to your department, the Galileo Alumni Association, School Site Council, the District, and fundraising activities.

Do you have other source of funding for your stipend request?\*      Yes       No

If yes, please list source(s), and amount (s). For example: Educational Program, \$500

Have you received funding from PTSA or other sources for this stipend request in the past?\*      Yes       No

If yes, please list source(s), date(s), and amount (s).

**Applicant Certification**

Upon completion of your application, please acknowledge and check the boxes below.

I certify and affirm that all information presented in this application is true and accurate

I acknowledge the PTSA grants committee will contact my co-signer to confirm his/her support for my request.

Applicant Signature

---

\*Please attached copies of all purchase receipts along with the stipend application.

\*\*Please email the completed stipend application to [president@galileoptsa.org](mailto:president@galileoptsa.org).

\*\*\*Please contact [president@galileoptsa.org](mailto:president@galileoptsa.org) for any inquiry regarding the grant application.