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Curriculum Enhancement Mini-Grant Application

Faculty/Staff Name and Department: _____

Grant Amount Requested: \$ _____ Are you a GHS PTSA Member: _____

Briefly describe what the Grant will be used for: _____

Number of Students that will benefit: _____

Grade Level(s) of Students that will benefit: _____

Describe the educational value that this grant will provide: _____

When and where will this take place? (How soon do you intend to
implement this program,
project or equipment?

Please submit this form by email it to gahrhsptsa@gmail.com. Please allow
at least 2 weeks for evaluation of request. Applications are reviewed by
the Gahr High School PTSA Board. If approved, grants may receive full or
partial funding.

No applications are accepted after May 10.

PTSA Use Only: Approved: _____ Funded Amount: _____ Application #: _____