Lake Washington PTSA Council (LWPTSA Council) believes in the importance of providing education opportunities to district parents. Students, parents, and the whole school community benefit when parents gain skills and knowledge through programs that support the educational experience.

**General Information**

1. An allocation of $2,600 is available to Lake Washington Council area PTAs to provide education programs for parents. Individual grants are available in amounts up to $500. The funds are accessed through the LWPTSA Council Parent Education Chair/s and awarded by the Parent Education Grant Committee.
2. The funds may be used to support the cost of instructors, consultants and/or programs for parent training/education that supports the educational experience of students. *The funds may not be used for student assemblies, books, materials, food, or babysitting services.*
3. To apply for a grant, the following procedures have been established:
	1. The grant application deadline will be a minimum of 45 days prior to a local unit’s scheduled program.
	2. The *LWPTSA Council* *Parent Education Grant Application* shall serve as the main application and a

*LWPTSA Council* *Presenter’s Information Form* should be completed and submitted at the same time. These forms can be found on the LWPTSA Council Website (www.lwptsa.net), or obtained from the LWPTSA Council Parent Education Chair(s) at parent.ed@lwptsa.net.

Note: LWSD certificated staff members who facilitate/instruct a program will be paid their hourly per diem rate and it must be coordinated with the appropriate school staff.

* 1. We ask that the program coordinator include evaluations of the speaker/event as is customary and share a summary of those with the Parent Education Chair(s) after the event.

**Proposals are evaluated on the following criteria; successful proposals will meet at least 3:**

* Programs should support either directly or indirectly the educational experience and/or safety of students in the LWSD.
* Funds/Program should benefit the largest possible number of parents within the scope of the program plan.
* Applicants should explain how the program relates to the goals and mission of that PTA.
* Applicants should partner with other PTAs for the program.
* Applicants should explore other sources of funding first or in addition to, including local school and PTA budgets or community partners.

**Principles**

* Financial need of the local unit will be given consideration (Title 1, free/reduced lunch, special circumstances).
* Programs held should have proper oversight by local PTA facilitator (evaluation required).
* All programs funded in part or entirely by LWPTSA Council grants will be advertised on the LWPTSA Council website.
* Grants cannot be requested to reimburse PTAs for programs already held.
* Grants are given for one time use and are neither a promise nor a guarantee of future funding for any program.

(Please send completed grant application and presenter’s information form to Parent.Ed@lwptsa.net)

**Name of Local Unit PTA**: Click or tap here to enter text.

**Name and Title of the PTA Facilitator(s):** Click or tap here to enter text.

**Date/Time/Location of Program:** Click or tap here to enter text.

**Program Title:** Click or tap here to enter text.

**Presenter’s Name/Title:** Click or tap here to enter text.

**Total Cost and amount of grant request:** Click or tap here to enter text.

**Anticipated Number of Participants**: Click or tap here to enter text.

**Name/s of joint PTAs sponsoring program**: Click or tap here to enter text.

**Other funding sources explored before this application**: Click or tap here to enter text.

**Goals of Program (should include how this program relates to the goals and mission of your PTA):**

 Click or tap here to enter text.

**Expected Outcomes**:

 Click or tap here to enter text.

**Plan for Evaluation**:

 Click or tap here to enter text.

**Any special considerations (financial need, other**): Click or tap here to enter text.

## Names/Signatures Required

**PTA President or Program Facilitator**:

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building Principal**:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Presenter’s Information Form

**Please send completed grant application and presenter’s information form to Parent.Ed@lwptsa.net**

**Presenter’s Name/Title**: Click or tap here to enter text.

**Company Name (if applicable):** Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**Phone/email/website**: Click or tap here to enter text.

**Customary Fee**: Click or tap here to enter text.

**Topic**: Click or tap here to enter text.

**Brief Speaker Bio**: Click or tap here to enter text.

**Brief Program Description for Advertising Purposes**: Click or tap here to enter text.

**Please note**: LWSD certificated staff members who facilitate/instruct a program will be paid their hourly per diem rate and this must be coordinated through the building secretary.