

FOPBSS  
PO BOX 99754  
SAN DIEGO, CA 92169

Grant Application Form

Request for: MBHS or PBMS

Requesting teacher/department: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Description of request, use and benefits to students:

Amount of funds needed: \$\_\_\_\_\_ How Many Students will benefit? \_\_\_\_\_

All applications will be reviewed by the FOPBSS Board at our monthly meetings. Accepted applications will need to be followed up with receipts and/or invoices to be turned in to FOPBSS. We prefer to write checks to the actual place of purchase as opposed to individuals for tax purposes. Please turn this form in to the site Principal for review. If this is an urgent request please contact Pat Hom at 858-245-6799.

Thank you!