

School Advisory Council Request for the Use of Funds



Requests must be made 1 week prior to the SAC Meeting

Date: _____

Requested by: _____

Project Name: _____

What Part of the School Plan does this Project Address? _____

How will you measure its effectiveness or impact? _____

If this project is funded by the School Advisory Council, you will be required to provide a 5 minute presentation on how it has been used to improve the school and or the quality of teaching you are able to provide. Do you agree to this? YES NO

How much funding support do you require?

EXPENSE	COSTS	DATE NEEDED	ADDITIONAL INFO
Materials Needed	\$		
Technology Needed	\$		
Registration Fees	\$		
Travel Expenses	\$		
Hotel Expenses	\$		
Per Diem	\$		
Other	\$		
Other	\$		
TOTAL	\$		

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Date Scheduled to present to SAC: _____

Date Presented to SAC: _____

Request Approved: _____ Request Denied: _____

SAC Chair Signature

Principal Signature