



Educational Grant Application 2018

Deadline: March 21, 2018

Employee Name: _____

Campus: _____ **Length of Time in District:** _____

Phone Number: _____ **E-mail Address:** _____

Dollar amount requested: _____

Project name: _____

Campus Principal Signature: _____

By signing this document, I acknowledge that the project is within the scope of approved curriculum guidelines, district goals and objectives.

Date: _____