

Spring Valley Elementary Parents Club Grant Request

Teacher / Grade Level submitting application:

Cost of item(s): \$ _____

Add 15% overage for tax and/or shipping: \$ _____

Total Amount Requested: \$ _____

Description of Innovative Project:

Teacher Signature _____ Date _____

****Completed applications should be put in the Parents Club mailbox in the office.
Applications will be reviewed monthly at the Elementary Parents Club meeting.**

Principal Signature _____ Date _____

Parents' Club Signature _____ Date _____