Full Name				Email		

Funding Request	$	# of Impacted Students			Impacted School(s)	
Role	teacher	admin	PTG	parent	other:	
If not EGSD staff, please share name & contact info for staff you'll be partnering with						
If approved, who should check be made out to?						
Has program been approved by principal(s)?					Yes / No	
Upload project budget as Google doc or spreadsheet					Project Budget	

Please describe your project in detail.	
If other sources of funding have been explored or will be used in addition to the funds requested here, please list them in detail.	
How does this project support and/or enrich academic work happening within our school(s)?	

| Please provide an expense breakdown for how requested funds will be allocated. | |