1. Make a copy of this document.
2. Label your copy in this format month/year_School_Name_Project.
Example: Sept24_Cole_Jones_SchoolPlay

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.	