

Serra High School Foundation Academic Request for Grant		Grant Period: Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
Requestor's Name:	Position:	Phone and email:
(First and Last name)	(i.e.: Teacher, Parent, Student, Administration)	
Department:	Grade:	Amount Requested:
	<input type="checkbox"/> 9th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	\$ _____ Vendor quote/pricing must be attached to Grant Request

REQUESTED ITEMS

Item	Date Last Purchased (If Applicable)	Quantity	Reason for Purchase	Total Cost	# of Students this Benefits
				\$	
				\$	
				\$	
				\$	

REQUIRED APPROVALS

Department Chair:	Comments:
Principal:	Comments:

GRANT COMMITTEE ONLY

<input type="checkbox"/> Approved Amount: \$ _____	<input type="checkbox"/> Denied. Reason: _____
Comments: _____	Grant Committee Chair Signature _____ Date _____