

Atlantic Community School District
SCHOOL TO WORK PROGRAM
REQUEST FOR FUNDS

All requests must be turned in to the STW Coordinator at least 2 weeks prior to the activity/project date.

Teacher _____

Date _____

STW Activity/Project:

Date of Activity/Project _____ *(If unknown, give approximate date)*

Amount of STW Funds Requested _____ Number of Students who will benefit _____

How (What) will funds be used (for)? _____

Explain how the requested activity/project will meet STW objectives:

Explain how the requested activity/project fits with at least one of the District goals (Literacy, Numeracy, Science):

How have or will you incorporate this activity/project into your lesson plan(s)?:

School to Work Coordinator*

Date

*My signature indicates that I endorse this activity/project and there are available funds in the STW budget.

Building Principal

Date

Approved

Denied _____

Returned signed copies to the Teacher and STW Coordinator.