PVPV/Rawlings SAC Committee

Funds Request Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Estimated Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, length of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your goal/purpose for attending this training?

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Please Note: Once approved by the SAC committee, please be prepared to return with a brief description of what was learned and how you have used the above training and/or tool thus far in your classroom. Also, please be prepared to explain your plan on how other teachers and/or grade levels can profit from your training and/or tool.