

T.R.I.B.A.L. Council

Funds Request Application



Name: _____ Date: _____

Email address: _____ Grade/Subject: _____

Amount requested: \$ _____ Date needed: _____

Description of students that will directly benefit from this request (e.g., number of students, classrooms): _____

How will the funds be used? How does it meet the funds request criteria? (check the box that applies. Please use additional space or documents as needed.)

- Classroom support
- Performing/visual arts
- Extracurricular activities (i.e. clubs, organizations)
- Individual student sponsorships
- Educational field trip
- Technology/Program (***must be approved by Technology director**)

Name of Program: _____

Supported by campus technology: (circle one) YES NO

Technology Fees: \$ _____ (circle one) Annual/One Time

Annual Fees are to be covered by _____

Technology Director Signature: _____

Write a brief description of the event, activity, or program you are requesting.

Be sure to include how it meets the instructional goals for the classroom.

Campus Admin approval: _____

Central Office Approval: _____

For T.R.I.B.A.L. Council Use Only:

T.R.I.B.A.L Council Approval: Approve Disapprove

If not approved, state reason: _____

If approved check number: _____