

***Shamona Creek Home & School Association***

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**Staff Grant Application**

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

Grade or Specialty: \_\_\_\_\_

Item(s) Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grant Amount Requested:

\$ \_\_\_\_\_

*Please explain how the addition of this item / these items will enrich your classroom instruction and support the objectives of the DASD:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach any additional information that you may feel necessary. Thank you. The SCHSA will review your application and provide a decision for your request within 1 week of the next scheduled SCHSA general meeting. You are welcome and encouraged to attend that meeting to present your grant application and speak to the members about your request.*

Request Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Decision: \_\_\_\_\_  
\_\_\_\_\_