

Hickory Creek Elementary
School Advisory Council Request for the Use of Funds

Requests must be
made 1 week prior to
the SAC meeting.

Date: _____

Requested by: _____

Other team members: _____

Project/Workshop Name: _____

Workshop/Project amount \$ _____

Substitute needed? _____ no _____ yes \$ _____

Transportation expenses _____ no _____ yes \$ _____

Additional travel expenses _____ no _____ yes \$ _____

Total amount of funding requested: \$ _____

Brief description of project/staff development opportunity:

What part of the School Plan does this project support?

How will this benefit the students in the classroom?

Your SAC request was _____ Approved _____ Denied

Date brought before SAC team: _____

Principal's Signature

SAC Chair's Signature

SAC Co-Chair's Signature