

# Grandview Heights City School District REQUEST FOR GRANT

\_\_\_\_\_  
Employee Name(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Assignment

**Grading Periods and Year that Grant will be completed:**

**Rationale for Grant:**

**Where does it fit the Course of Study?**

**Expected Learner Outcomes:**

**How will the learner outcomes be evaluated?**

*(Please provide additional supportive materials such as catalog information with photos.)*

**AMOUNT REQUESTED \$** \_\_\_\_\_

<b>PAC COMPLETES THIS SECTION:</b>		
_____ APPROVED	_____	_____
_____ DISAPPROVED	GRANT CHAIRPERSON	DATE
_____ REVISE AND RESUBMIT	_____	_____
	SUPERINTENDENT	DATE

