REQUEST FOR SCHOOL OR AREA PROJECT

Name:	School Phone #:
School:	Zone
Type of Project: ☐ Area Project ☐ School Project	
Name of Project	Location:
Begin Date:	End Date:

Attach a Project Proposal including the following:

- ☐ A list of participants and their schools
- ☐ A detailed description of project including:
  - ☐ How the project is aligned with Division goals
  - ☐ Interest and applicability to teachers
  - ☐ Benefit to student Learning

Attach a detailed Budget:**(Maximum payable is $50/participating teacher)**

- ☐ The expenses and cost of related to the speaker(s)
- ☐ The cost of consumable materials for use in the project
- ☐ Expenses associated with organizing the project
- ☐ Required media resources

Release time/costs for participants will **NOT be covered under the School/Area Project

Total Estimated Cost: _____	See claim information on Claim form 423-03(a)

_____ Application Date

_____ Signature of Applicant

_____ Date Received

_____ Approved by Committee on this Date

_____ Signature of Professional Development Chair

****SEND PROPOSAL AT LEAST 4 WEEKS IN ADVANCE TO THE PROFESSIONAL GROWTH ZONE REPRESENTATIVE FOR COMMITTEE APPROVAL.**

Please send as **ONE** complete document.