

 *SSRA*

*Seattle Education Enhancement Dividend (S.E.E.D.) Application*

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSRA MEMBER\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

POSITION/ROLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE/SUBJECT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED GRANT AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NUMBER OF STUDENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THIS A COMBINED PROJECT? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_NO

IS THIS A SUMMER SCHOOL PROJECT? \_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_NO

BRIEFLY DESCRIBE HOW THIS GRANT WILL BE USED TO ENHANCE STUDENT LEARNING:

WHAT DO YOU PLAN TO PURCHASE WITH THIS GRANT?

PROJECT START DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT FINISH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_

I AM AWARE OF AND SUPPORT THIS APPLICATION:

PRINCIPAL OR DESIGNEE (SIGNATURE)

Return by U.S. Mail to: Sharon Green

 11301 3rd Ave NE #356

 Seattle, WA 98125-6099