

Seattle Education Enhancement Dividend (or S.E.E.D. Grant) Classroom Grant Application September 1, 2024 to May 1, 2025

| NAME | DATE |
|--|---|
| SSRA MEMBER?YESNO | Best Phone Number/Times To Reach You? |
| Amount of Request? SSRA MEMBER | RS MAY REQUEST UP TO \$550 IN A SCHOOL YEAR |
| A NON-MEMBI | ER MAY REQUEST UP TO \$300 ONE TIME ONLY. |
| Your School and Its Address? | |
| Your Position/Role? | Your e-mail? |
| Grant Amount Requested? | Number of Benefitting Students? |
| SSRA were to send you SEED Grants of you would be required by the Internal Repotential addition to your income for that 2 different but adjacent school years, p | school year falls into 2 calendar years [e.g., Sept. 2024 to June 2025]. If \$600 or more in the same calendar year [Jan. to Dec.], both SSRA and evenue Service to fill out a 1099 form—thereby reporting that sum to be a tax year. Thus, SSRA Members, if you apply for a SEED grant in blease space your requests for S.E.E.D. grants so that the total for both nore dollars between January and December of the same calendar year. |
| Is This A Combined Project? Yes _ | No If combined, with whom? |
| Is This A Summer School Project? | YesNo Is This An After-School Project?YesNo |
| Briefly describe how this grant will be u | used to enhance students' learning? (Use back if necessary.) |
| What specifically do you plan to purcha | ase with this S.E.E.D. grant? (Use back of this sheet if necessary.) |
| Project's Start Date = | Project's Finish Date = |
| Next, you will need to show this request to | your school's PRINCIPAL OR PROGRAM MANAGER FOR HIS/HER DGRAM MANAGER's SIGNATURE IS REQUIRED. |
| PRINCIPAL or PROGRAM MANAGEI | R'S SIGNATURE Please PRINT Principal/Program Manager's Name. |

SEND APPLICATION TO John Thorp: email jhthorp3@outlook.com OR mail a paper application to: John Thorp at 11033 39th Ave. N.E., Seattle, WA 98125 (We must receive the application by May 1, 2025)