Seattle Education Enhancement Dividend (or S.E.E.D. Grant)
Classroom Grant Application
October 1, 2026 to May 3, 2027

NAME _____ DATE _____

SSRA MEMBER? ___YES ___NO ___ Best Phone Number To Reach You?_____

Amount of Request SSRA MEMBERS MAY REQUEST UP TO $550 IN A SCHOOL YEAR._____

A NON-MEMBER MAY REQUEST UP TO $300 **ONE TIME ONLY.** _____

Your School and Address_____

Applicant Position/Role _____

Applicant e-mail? (school or personal) _____

Number of Students Participating _____

Send check to whom and where? _____

Is This a Combined Project? Yes __ No ___ If combined, with whom?_____

Is This a Summer School Project? Yes ____ No ___ Is This an After-School Project? Yes ___ No___

What specifically will you purchase with the grant fund? (Use back if necessary.)

Project's Start Date = _____ Project's Finish Date = _____

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Because of IRS rules, SSRA will not approve two grants within the same calendar year.

DISCLAIMER; SSRA IS NOT LIABLE FOR ANY MISHAP THAT MAY OCCUR RELATED TO THIS ACTIVITY.

APPLICANT'S SIGNATURE: _____

PRINCIPAL/PROGRAM MANAGER NAME _____

PRINCIPAL'S OR PROGRAM MANAGER'S SIGNATURE _____

SEND TO John Thorp by email jhthorp3@outlook.com OR U.S. Mail
to John Thorp at 11033 39th Ave. N.E., Seattle, WA 98125