

Title II Funding Request Form

Date _____

The following form should be filled out in full and sent to the Superintendent on the pony at least eight (8) weeks before the scheduled professional development activity. The completed form will be faxed back to your school after it has been approved.

School _____ Principal _____

SIP Strategy _____ Date and time of PD _____

Name and Description of PD

SIP Activity _____

Provider/trainer's name _____

- Nature of expenditure and amount
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Other pertinent information:

Superintendent ___ approved ___ disapproved

Title II Supervisor ___ approved ___ disapproved