

WALNUT VALLEY UNIFIED SCHOOL DISTRICT PAR FUND REQUEST FORM

Project Title: _____ Date: _____

Applicant Name: _____

Site: _____ Total Project Cost: _____

Duration of Project: From _____ To _____ Funds Requested from PAR: _____

Number of Staff served by project: _____ Administrator Acknowledgement: _____

Area of Support: <input type="checkbox"/> Conferences/Good Teachers Conference <input type="checkbox"/> BTSA <input type="checkbox"/> PAR Improvement Plan <input type="checkbox"/> Elementary Science Partners <input type="checkbox"/> Staff Development & Articulation <input type="checkbox"/> Other

Project Goals and Objectives: (List specific goals of the project; include brochures or other support documentation to this request form)

Funds: (Discuss or list how funds will be utilized and the amount. (example: release time, supplies, sub costs)

- This proposal meets the PAR Committee guidelines
- Funding approved Date _____

Signature of approval authority