

GT Fund Request

Campus: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Teacher(s) involved: \_\_\_\_\_

*~for funds to be considered please complete the appropriate box below ~*

*Please complete a short description of your plan for GT students and what you need to implement the plan.*

GT Plan for gifted students:

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Materials, books, supplies needed to implement the above GT plan:

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Total Amount Requested:

*Please complete a short description how the books ordered will enhance instruction for GT students.*

Professional development books:

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Total Amount Requested:

**When submitting, please attach the actual order form, website or description with the price breakdown.**

Approved: \_\_\_\_\_ Date \_\_\_\_\_

(G/T Campus Committee or Contact Teacher)

Approved: \_\_\_\_\_ Date \_\_\_\_\_

(Principal)

Approved: \_\_\_\_\_ Date \_\_\_\_\_

(G/T District Facilitator)

Approved: \_\_\_\_\_ Date \_\_\_\_\_

(Cluster Director)

After obtaining contact teacher and principal's signature, send this form to:  
Maria Chrzanowski @ the ESC.