

Westwood A.R.C.

Academic Resource Connection Application for Funding

Program title or item: _____

Program date (if applicable): _____

Applicant's name: _____ Date of Application: _____

Grade: _____ Number of students involved: _____

How will the funds be used?

- ÿ Fees
- ÿ Transportation
- ÿ Speakers
- ÿ Materials
- ÿ other: _____

Is other assistance needed in addition to funding? _____ Volunteers? _____

Please explain: _____

Amount needed: _____ Date needed: _____

Check payable to: _____

Deposit needed? _____

By when? _____

Payable to? _____

Please describe how the program and/or materials you are requesting will enhance the curriculum in your classroom: _____

Yes! This program/material enhances the curriculum and educational experience of the children, and has been approved.

Principal, Westwood Elementary School

Date

ARC Representative

Phone or Email