



Professional Learning Grants
Spring 2023 Grant Application – Signature Page

Conference/Workshop Title _____

Name of Grant Coordinator _____ **Signature _____

Campus of Grant Coordinator _____ Grant Coordinator Contact # _____

**Grant Coordinator acknowledges an evaluation form must be completed within one calendar year from receiving funds to be eligible to apply for future grant funding. Awarded grants will receive an evaluation form to complete.

Table with 3 columns: Name of other Applicant(s), Signature of Applicant(s), Campus. Includes three rows of blank lines for entries.

*Reminder- if awarded, out of state travel must be approved at the Executive Level.

Campus #1: _____

Principal/Supervisor Signature: _____ Date: _____

Campus #2: _____

Principal/Supervisor Signature: _____ Date: _____

Campus #3: _____

Principal/Supervisor Signature: _____ Date: _____

Campus #4: _____

Principal/Supervisor Signature: _____ Date: _____

(attach additional page of signatures as needed)

Amount of requested funds: \$ _____

I approve the application and the amount of requested funds.

Principal / Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

(required for consultant/speaker request over \$5,000)