

# SJTHS SAC Funds Request



Name (s): \_\_\_\_\_  
\_\_\_\_\_

Total Amount Requested *(be sure to include applicable shipping)*: \_\_\_\_\_

Your SAC request was \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Date brought before the SAC team: \_\_\_\_\_

*Principal Signature*

\_\_\_\_\_

*SAC Chair Signature*

\_\_\_\_\_

# SJTHS APPLICATION FOR S.A.C. FUNDS



*Requested Activity or Materials:* \_\_\_\_\_

*Total Cost:* \_\_\_\_\_

*Brief description of how requested funds will be used:*

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*What goal in the SIP does your request support?*

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*What Florida Standard does this request meet?*

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*How will this benefit the students in the classroom?*

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*If this is a staff development activity, how will you share what you have learned with other faculty members?*

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