

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:

What goal in the SIP does your request support?

What Florida Standard does this request meet?

How will this benefit the students in the classroom?

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