

LAS VEGAS HIGH SCHOOL ALUMNI ASSOCIATION

TEACHER/ADMINISTRATOR GRANT REQUEST APPLICATION FORM

Date _____

Dear Teacher or Administrator,

Please use this form to submit your request for funding by the Las Vegas High School Alumni Association. The funding should be limited to the purchase of items or services that are not being adequately provided by the school district and will enhance the learning experience of your students.

Please submit your needs in order of priority and the funds requested for each. Provide additional comments below as necessary.

Item request	Amt. of
1. _____	
2. _____	
3. _____	
4. _____	

Additional comment space:

Your name:

Class or classes taught:

Phone:

Email:

Feel free to contact me if you have any questions or comments.

Thank you,

Patty Haack, LVOWL@lvhsaa.com 1854 Taylorville Street Las Vegas, NV 89135