Grandview Heights City School District
REQUEST FOR PAC GRANT

_____ _____
Employee Name(s) Date

_____ _____
School Assignment

Grading Period and Year that Grant will be completed:_____

Rationale for Grant:_____

_____

_____

Where does it fit the Adopted Course of Study?_____

_____

_____

Expected Learner Outcomes:_____

_____

_____

How will the learner outcomes be evaluated?_____

_____

_____

(Please provide additional supportive materials such as catalog information with photos.)

AMOUNT REQUESTED $_____

PAC COMPLETES THIS SECTION:

_____ APPROVED

_____ _____
PAC CHAIRPERSON DATE

_____DISAPPROVED

_____ _____
SUPERINTENDENT DATE

_____ REVISE AND RESUBMIT