

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSRA MEMBER? \_\_\_YES \_\_\_NO Best Phone Number To Reach You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Request? SSRA MEMBERS MAY REQUEST UP TO $500 IN A SCHOOL YEAR.\_\_\_\_\_\_\_\_\_

 A NON-MEMBER MAY REQUEST UP TO $200 **ONE TIME ONLY. \_\_\_\_\_\_\_\_\_**

Your School and Its Address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Position/Role? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your e-mail? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Benefitting Students? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail check to whom and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Important Alert Notice**: Usually each school year falls into 2 calendar years [e.g., Sept. 2021 to June 2022]. If

 SSRA were to send you SEED Grants of $600 or more in the same calendar year [=Jan. to Dec.], both SSRA and

 you would be required by the Internal Revenue Service to fill out a **1099 form**—thereby reporting that sum to be a

 potential addition to your income for that tax year. **Thus, SSRA Members,** **if you apply for a SEED grant in**

 **2 different but adjacent school years, please space your requests for S.E.E.D. grants so that the total for both**

 **grant requests will not equal $600 or more dollars** **between January and December of the same calendar year.**

Is This A Combined Project? \_\_ Yes \_\_ No If combined, with whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is This A Summer School Project? \_\_\_Yes \_\_\_No Is This An After-School Project? \_\_\_Yes \_\_\_No

Briefly describe how this grant will be used to enhance students’ learning? (Use back if necessary.)

What specifically do you plan to purchase with this S.E.E.D. grant? (Use back of this sheet if necessary.)

Project’s Start Date = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project’s Finish Date = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Next, you will need to show this request to your school’s PRINCIPAL OR PROGRAM MANAGER FOR HIS/HER SIGNATURE. YOUR PRINCIPAL/PROGRAM MANAGER’s SIGNATURE IS REQUIRED.

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PRINCIPAL or PROGRAM MANAGER’S SIGNATURE Please PRINT Principal/Program Manager’s Name.

RETURN A **PAPER** APPLICATION TO **BOTH**: Kathy Purcell **+**  Pat Cygan

 19109 S. E. 63rd Place 11801 Harbour Pte. Blvd., Unit 405

 Issaquah, WA 98027 Mukilteo. WA 98275

 **Seattle Education Enhancement Dividend (or S.E.E.D. Grant)**

 **Classroom Grant Application**

 **December 1, 2021 to April 30, 2022**