



**Seattle Education Enhancement Dividend (S.E.E.D.)  
Classroom Grant Application  
September 1, 2020 to April 30, 2021**

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

SSRA MEMBER \_\_\_\_ YES \_\_\_\_ NO

AMOUNT OF REQUEST: SSRA MEMBERS MAY REQUEST UP TO \$500 A YEAR \_\_\_\_\_

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

School email address: \_\_\_\_\_ Mail check to \_\_\_\_\_

Position/Role: \_\_\_\_\_ Contact Phone or Email \_\_\_\_\_

School: \_\_\_\_\_ Address \_\_\_\_\_

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

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 student learning. (Use back if necessary.)

What do you plan to purchase with this grant?

Project Start Date \_\_\_\_\_ Project Finish Date \_\_\_\_\_

I AM AWARE OF AND SUPPORT THIS APPLICATION: (PRINCIPAL/PROGRAM MANAGER OR DESIGNEE—SIGNATURE REQUIRED. This okay may be sent separately to Kathy Purcell at the address below or by email to rcygan@earthlink.net.)

\_\_\_\_\_  
PRINCIPAL OR DESIGNEE'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

RETURN PAPER APPLICATION TO: Kathy Purcell  
19109 Southeast 63<sup>rd</sup> Place  
Issaquah, WA 98027