

Teacher Grant Request Form - 2022-2023

Date of Submission (mm/dd/year):	School Name:
Name of Teacher arranging program:	
Teacher's Phone #: Tea	cher's Email:
Website of presenter/show/program (if available):	
Full address of Artist or Organization:	
	Date(s) of Program:
No. of presentations (lectures, class sessions, etc):	Grade Level(s) Involved:
Classes Involved (AP English, Spanish 3, etc.):	
Number of students involved:	Cost per student:
Total cost of event (required)	_ (do <u>not</u> include transportation costs)
Will the presenter(s) work with students without a	
calling ext. 7232 or 7237.You must file building use forms if you are usi	sportation costs. Please be sure to make transportation arrangements by ing areas other than your assigned classroom (e.g.: theater, alternate
classrooms, outside areas, hallways). Forms ar	
	mplete a field trip form (available from the principal's secretary).
 Submit this proposal to sbiswas@klschools.org 	
 All other schools submit to <u>klsdartsalive@gma</u> 	ail.com
• Please ensure steps were taken to secure disco	
If your request is granted, please provide even klsdartsalive@gmail.com	t feedback, photos and actual number of attendees to
Below, please write a description of the program KLSD ArtsALIVE, Inc. What will presenters do? V	n, stating clearly its connection to instruction and to the mission* of What will students learn and/or do?

KLSD ArtsALIVE, Inc.

Mission Statement:

Promote and enhance the arts education received by our students and to show appreciation for the outstanding work being done in all areas of the Arts in the Katonah-Lewisboro School District.