

Teacher Grant Request Form - 2023-2024

Date of Submission (mm/dd/year):	School Name:
Teacher's Phone #:	Teacher's Email:
Name of presenter/show/program:	
	ailable):
Full address of Artist or Organization:	
FED ID or SS #: (REQUIRED):	Date(s) of Program:
	ons, etc): Grade Level(s) Involved:
Classes Involved (AP English, Spanish 3,	etc.):
Number of students involved:	Cost per student:
	(do <u>not</u> include transportation costs)
	vithout a teacher being present? ☐ NO ☐YES
 calling ext. 7232 or 7237. You must file building use forms if you classrooms, outside areas, hallways). If the event is happening off-site, you Submit this proposal to sbiswas@klse All other schools submit to klsdartsal Please ensure steps were taken to second 	•
	program, stating clearly its connection to instruction and to the mission* of ters do? 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.