

Teacher Grant Request Form - 2024-2025

Date of Submission (mm/dd/year):	School Name:
Name of Teacher arranging program:	
Teacher's Phone #:	Teacher's Email:
Name of presenter/show/program:	
	ailable):
Full address of Artist or Organization:	
	Date(s) of Program:
No. of presentations (lectures, class sessio	ns, etc): Grade Level(s) Involved:
Classes Involved (AP English, Spanish 3,	etc.):
	Cost per student:
Total cost of event (required)	(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@klsc All other schools submit to klsdartsali Please ensure steps were taken to secund submit submit	ive@gmail.com ure discount/student rate for this program. vide event feedback, photos and actual number of attendees to
	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.