

**2024-2025 School Year**  
Friends of the Language Academy (FOLA)  
Grant Request Form

DATE: \_\_\_\_\_

SUBMITTED BY (NAME(S)/TITLE(S)): \_\_\_\_\_

EMAIL \_\_\_\_\_

DESCRIBE PROJECT/ITEM TO BE PURCHASED: (use back of page if needed)

\_\_\_\_\_

\_\_\_\_\_

COST/DOLLAR AMOUNT REQUESTED: \_\_\_\_\_

SUBJECT AREA/GRADE LEVEL: \_\_\_\_\_

WHAT LEARNING/SCHOOL OBJECTIVES DOES THIS ADDRESS? (WHO BENEFITS, HOW, AND FOR HOW LONG?): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS YOUR TIMETABLE (BY WHEN DO YOU NEED THE FUNDING):

\_\_\_\_\_

IF THERE IS ANYTHING ELSE YOU WOULD LIKE TO ADD, PLEASE FEEL FREE TO SUBMIT ADDITIONAL INFORMATION. (use back of page if needed)

\_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_ \*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, you certify that the purchases or expenses are for the direct benefit of the students of the Language Academy program described above and is not being paid or reimbursed by any other source. Unless the project clearly indicates that materials are meant to be given to students to use and own, materials are the property of the Language Academy.

Make check payable to: (print clearly):

Name: \_\_\_\_\_

Address: (if mailed) \_\_\_\_\_

\_\_\_\_\_

Phone/Cell: \_\_\_\_\_

- Check payable to someone other than requester.
- Mail Check
- Put in Teacher Box
- Will pick up check from FOLA box

Depending on the request, additional documentation may be required. Please always submit original receipts with all requests with only items for reimbursement on the receipts. **Deadline for requests: March 26, 2025.** Thank you.

<b><u>FOLA USE ONLY</u></b>	
FOLA Board Meeting Date: _____	
Approved	Denied
Amount Approved _____	
Check # _____	Date _____
Budget Code _____	
Entered in budget _____	
Check Disbursed _____	