

**PALMETTO HIGH SCHOOL**  
**SCHOOL ADVISORY COUNCIL**  
**SAC FUNDS APPLICATION**

Teacher/Faculty staff person's name: \_\_\_\_\_

Phone # \_\_\_\_\_

Date: \_\_\_\_\_

Funds requested: \_\_\_\_\_

Funds will be used to purchase/attend (please itemize costs):

Will this be a recurring expense (circle one): Yes / No

What School Improvement Plan objective will this purchase help achieve:

Teacher/Faculty Signature: \_\_\_\_\_

Note: If application is approved by SAC, documentation of purchase cost (receipt) is to be provided to SAC at the meeting immediately following purchase.

**(Below to be filled in by SAC funding subcommittee chairman)**

Application recommended for (circle one) approval/approval with modifications/denial.

Subcommittee Chairman Signature:

SAC determination:

SAC Chairman Signature:

**PLEASE NOTE THAT APPLICATIONS MUST BE RECEIVED  
THREE (3) WEEKS PRIOR TO SAC MEETING.**