

OREGON CITY SCHOOL DISTRICT

HOLLY'S FUND

LICENCED TEACHER APPLICATION
KG - 9TH GRADE



APPLICANT INFORMATION

Last Name		First	
School		Date Requested	
Email Address		Phone	
Project Title		Grade Level(s)	
Amount Requested	\$		
Approved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount Approved \$

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR PROJECT AND LIST WHAT YOU NEED TO COMPLETE THE PROJECT

[Large empty space for project description]

DIRECTOR OF TEACHING AND LEARNING		DATE	
OREGON CITY SCHOOLS FOUNDATION		DATE	