

Request for Funding

• All funds must be used by May 1, 2019. A final program evaluation must be submitted by May 15, 2019.

Please complete all sections.

Requester:	Vanessa Vazquez/Jennifer Julian			
Project Title:	Hamlet			
School Name:	SLHS			
Academic Subject:	English/Theater			
Grade(s):	12			
Number of Students:	300			
Number of Participating Teachers:	4 (plus additional parent and faculty chaperones)			
Amount Requested:	\$2000			
Please provide a detailed budg	et of how funding will b	e expended for th	is project.	
Expense Category:		Amount:	Reason:	
Program Materials (Consumable)				
Program Materials (Non-Consumable):				
Transportation:		\$2000	Transportation to Orlando Shakespeare Theater	
Program Implementation (not to exceed 10%):				
Other (Please Specify Expense):				
TOTALS				
In Kind Contributions that benefitted project:				
Project Detail				

Other Funding Sources: Students will purchase tickets.	
Program Rationale: This is important because seeing a play we read being performed live with cos real people will bring the story to life. We can watch the movie and read the book but being at a live completely new and immersive experience for many of our students.	100
Program Impact: Students will see the play Hamlet performed, which we are reading in English 4. facial expressions, see the costumes, and see a set that all lines up with the words they read on a page	
Program Evaluation Method: We will develop a writing assignment to compare and analyze how differs from the play in our textbook.	the live action play
Program Timeline: The play takes place Feb 6 th – March 24 th . We are planning to attend March 14	th .
gram Approved By: Principal Assistant Superintendent/Superinter A principal, assistant superintendent or superintendent signature is required for all requests over \$2,00 erintendent's signature is required for all requests over \$5,000.00. The superintendent's signature is also	0.00. The
curriculum or capital expenditures (other than building improvements) uesting party has read and agrees with the funding policies of the Educational Foundation.	
nted Name: Varessa Varguez Email: Varguez V@ alo.	clz.fl.us
be completed by foundation staff/board	
gram meets Foundation Mission/Funding Policy: Yes or No	
ector Recommendations:	
cutive Board Recommendations:	
Approved Denied President Signature	Date