



2012 Application for Reimbursement

Henry Schatz Continuing Education Grants



This grant only applies to **classroom teachers**, currently teaching in the Clover Park School District, for reimbursement of expenses incurred in **implementing New Teaching Skills** in their own classroom.

- Please complete this page, attach it to:**
- 1) Photocopies of all purchase receipts. Please group them.
 - 2) A completed Credit/Clock Hour Approval form or other proof of class attendance.
- Send all three documents via CPSD Courier to: Mrs. Feil, Reception, SSC**

By my signature, I affirm that I am a regular classroom teacher and have taken the following class where I learned a new skill that improved my teaching ability and I have purchased the following materials to help me implement this new skill in my classroom.	School where I am a regular classroom teacher:	Grade or Subject:
Signature:	New Skill(s) I learned that show a strong correlation to my purchase(s):	
Printed Name:	Course Title:	

The Books and Materials I purchased that have an Obvious Correlation to the Course Content	Briefly, How the Purchase Relates to Your New Skill	Cost
Subtotal from additional items listed on the back, if any.		
Approve/Deny:	Check #:	Total: Not to Exceed \$300.00

Discipline(s) Related to the Materials Purchased. Check any that apply <input type="checkbox"/> Arts/Music <input type="checkbox"/> English/Language Arts <input type="checkbox"/> Reading <input type="checkbox"/> Health/PE <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies/History <input type="checkbox"/> Other _____ If you have any questions about this program, please visit www.cloverparkfoundation.org or contact Mark Blanchard at 253-229-6908 or via email at markb@toolpak.com	Please send my Schatz Grant to this address: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"> </div> Address: <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"> </div> City: _____ State: _____ Zip: _____
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