

FOUNDATION FOR DUBUQUE PUBLIC SCHOOLS



Tribute to Teachers Grant Application Principal Approval Form

I, _____, principal of _____
(Principal Name) (School Name)

School, approve this grant application and authorize its submission.

Project Name: _____

Teacher Name: _____

Amount Requested: \$ _____.

I certify that I have read this grant application and I give it my approval. Funds awarded to my school through the Foundation for Dubuque Public Schools: Judi Chandlee Tribute to Teachers grant program will provide classroom or curriculum enhancements for which we have not already budgeted. Any grant funds that my school receives will be spent according to the specifications detailed in the submitted application.

Principal Signature _____ **Date** _____