

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Jill Menaugh Kim Dickinson

SCHOOL: AHS

Department (opt.): _____

DATE(S): 9/11-12/2012

ACTIVITY/EVENT: Link Crew Follow Up Training

LOCATION: The Hills Hotel, Laguna Hills, CA

ABSENCE: # Days 1 Sub Required: Yes No

of School Days Missed 1

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
			(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>150.00</u>		<u>100.12.100.2210.281.6360</u>
Transportation	<u>650.00</u>	Mode <u>air</u>	<u>100.12.100.2210.281.6582</u>
Rental Car	<u>100.00</u>		<u>100.12.100.2210.281.6582</u>
Meals	<u>120.00</u>		<u>100.12.100.2210.281.6582</u>
Lodging	<u>200.00</u>		<u>100.12.100.2210.281.6582</u>
Substitutes	<u>220.00</u>		<u>100.12.100.2210.281.6113</u>
TOTAL	<u>1440.00</u>		

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: To attend the Link Crew Follow Up Training provided by Boomerang Project. The staff that attends training will be working with Link Crew leaders on campus throughout the school year. Link Crew trains upperclassmen (leaders) to provide community building activities on campus that focus especially on the freshman class.

Outcomes and academic benefits to students and staff: The upperclassmen involved in Link Crew will be provided with training and practice in order to become better leaders and positively affect the school climate and culture. The freshmen involved in Link Crew will be mentored throughout their freshman year in order to promote academic and extracurricular success.

Submitted by:

[Signature]
Signature

8/17/12
Date

[Signature]
Principal/Supervisor

8/9/12
Date

[Signature]
Associate Superintendent/Superintendent

8/27/12
Date

**AMPHITHEATER PUBLIC SCHOOLS
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THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Robert Knickerbocker

SCHOOL: District Offices
 Department (opt.): Transportation
 DATE(S): September 24-26, 2012

ACTIVITY/EVENT: Thomas Bus Factory Visit
 LOCATION: High Point, North Carolina

ABSENCE: # Days 3 Sub Required: Yes No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>	<u>BUDGET CODE/DESCRIPTION</u> (Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>covered by Thomas Manufacturing</u>	_____
Transportation	<u>covered by Thomas Manufacturing</u>	Mode <u>Air</u> _____
Rental Car	<u>N/A</u>	_____
Meals	<u>117.00</u>	<u>001-00-100-2579-528-6582</u>
Lodging	<u>covered by Thomas Manufacturing</u>	_____
Substitutes	<u>N/A</u>	_____
TOTAL	<u>117.00</u>	

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: To enhance learning and understanding of our new buses and their requirements.

Outcomes and academic benefits to students and staff: To make buses more efficient.

Submitted by: Robert Knickerbocker _____ Date: 8-17-12
 Signature
 _____ Date: 8/17/12
 Principal/Supervisor
 _____ Date: 8/27/12
 Associate Superintendent/Superintendent

**AMPHITHEATER PUBLIC SCHOOLS
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THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Janae Renteria Mary Swiderski SCHOOL: AHS/CDO/IRHS
Leah Evans _____ Department (opt.): School Operations/CTE
 _____ DATE(S): October 16-19, 2012

ACTIVITY/EVENT: National Career Pathways Network Conference
 LOCATION: Richmond, VA

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 4

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$2250</u>	<u>260-13-270-2210-280/281/282-6360</u>
Transportation	<u>\$2410</u> Mode <u>Airplane</u>	<u>260-13-270-2210-280/281/282-6582</u>
Rental Car	_____	_____
Meals	<u>\$588</u>	<u>260-13-270-2210-280/281/282-6582</u>
Lodging	<u>\$1080</u>	<u>260-13-270-2210-280/281/282-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$6328</u>	

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: To attend the National Career Pathways Network Conference to gain best practices in the areas of career pathways and program of study. _____

Outcomes and academic benefits to students and staff: The counselors will be able to apply the knowledge gained at the conference when they are working with students, staff, and parents.

Submitted by: Petelia Greenley 8-24-12
 Signature Date
Michelle Bay 8-24-12
 Principal/Supervisor Date
_____ 8/27/12
 Associate Superintendent/Superintendent Date

**AMPHITHEATER PUBLIC SCHOOLS
STAFF TRAVEL/CONFERENCE REQUEST**

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Sonya Gauna SCHOOL: CDO
Elizabeth Bruggeman Department (opt.): IB/History
 _____ DATE(S): October 10-13, 2012

ACTIVITY/EVENT: International Baccalaureate Workshop

LOCATION: Atlanta International School, 2890 North Fulton Dr., Atlanta, GA 30305

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 0

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
			(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$1620.00</u>		<u>140-13-100-2210-510-6360</u>
Transportation	<u>\$1276.00</u>	Mode <u>Airline</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	<u>\$76.00 Shuttle</u>		<u>140-13-100-2210-510-6582</u>
Meals	<u>\$472.00</u>		<u>140-13-100-2210-510-6582</u>
Lodging	<u>\$578.00</u>		<u>140-13-100-2210-510-6582</u>
Substitutes	<u>0</u>		
TOTAL	<u>\$4022.00</u>		

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: For IB teachers to receive History of the Americas 2 Route 2 training for required level 2 of International Baccalaureate Programme necessary before first assessment round.

Outcomes and academic benefits to students and staff: Academic subject depth and preparedness for rigorous student achievement

Submitted by: Sonya Gauna 8/23/12
 Signature EBRUGGEMAN Date 8/23/12
 Principal/Supervisor Miriam Kelp Date 8/24/12
 Associate Superintendent/Superintendent [Signature] Date 8/27/12

**AMPHITHEATER PUBLIC SCHOOLS
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THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): David Alzner

SCHOOL: CDO
 Department (opt.): Library
 DATE(S): October 19-22, 2012

ACTIVITY/EVENT: **International Baccalaureate Workshop (IB)**

LOCATION: **Los Angeles Airport Marriott, California**

ABSENCE: # Days 4 Sub Required: Yes No # of School Days Missed 2

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
		(Note: Tax credit contributions are District funds and require a budget code.)
Registration	<u>\$699.00</u>	<u>140-13-100-2210-510-6360</u>
Transportation	<u>\$280.00</u> Mode <u>Driving</u>	<u>140-13-100-2210-510-6582</u>
Rental Car	_____	_____
Meals	<u>\$236.00</u>	<u>140-13-100-2210-510-6582</u>
Lodging	<u>\$480.00</u>	<u>140-13-100-2210-510-6582</u>
Substitutes	<u>\$150.00</u>	<u>140-13-100-2210-510-6113</u>
TOTAL	<u>\$1845.00</u>	

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: **IB training for level 1 librarian**

Outcomes and academic benefits to students and staff: **This workshop will provide further skills for students in the area of research at a higher level of academic progress.**

Submitted by: David Alzner 8-23-12
 Signature Date
Melissa Lopez 8/23/12
 Principal/Supervisor Date
_____ _____
 Associate Superintendent/Superintendent Date

**AMPHITHEATER PUBLIC SCHOOLS
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THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL.

EMPLOYEE(S): Dianna Kuhn Joann Benoit SCHOOL: Rio Vista
Marcie Young Andy Morales Department (opt.): _____
 _____ DATE(S): October 14-17, 2012

ACTIVITY/EVENT: No Excuses University Conference

LOCATION: San Diego, California

ABSENCE: # Days 3 Sub Required: Yes No # of School Days Missed 3

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	<u>APPROXIMATE COST</u>		<u>BUDGET CODE/DESCRIPTION</u>
Registration	<u>1900.00</u>		<u>100.13.100.2210.117.6360</u>
Transportation	1000.00	Mode <u>flight</u>	<u>100.13.100.2210.117.6582</u>
Rental Car	_____		_____
Meals	<u>548.00</u>		<u>100.13.100.2210.117.6582</u>
Lodging	<u>1440.00</u>		<u>100.13.100.2210.117.6582</u>
Substitutes	<u>675.00</u>		<u>100.13.100.2210.117.6113</u>
TOTAL	5563.00		

The District will (or) will not receive reimbursement from outside sources.

Purpose of travel: **This is professional development for improving and sustaining the Exceptional Systems of a No Excuses University School. Principals of NEU schools are required to attend every 2 years.**

Outcomes and academic benefits to students and staff: **The team will be able to share and implement strategies for school improvement in the Exceptional Systems of Interventions, Data Analysis, Assessment, Standards Alignment, Collaboration and a Culture of Universal Achievement. It will also provide the team strategies for sustaining these systems as an NEU School.**

Submitted by: [Signature] _____ Date: 10/17/12
 Signature Date
[Signature] _____ Date: 10/17/12
 Principal/Supervisor Date
[Signature] _____ Date: 10/17/12
 Associate Superintendent/Supervisor Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: **IRHS**

ESTIMATED NUMBER OF STUDENTS: **36**

NAME OF SCHOOL GROUP/CLUB/ENTITY: **Cross Country**

STAFF ADVISOR(S)/CHAPERONES: **Rob Clouse, Gary Forrest, Scott and Susan Zibrat**

ABSENCE: # Days _____ Sub Required: Yes No # of School Days Missed **1**

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Cross Country Meet at Mt. Carmel**

DESTINATION OF TRAVEL: **San Diego, CA**

DATES OF TRAVEL: **9/14-16/12**

ACADEMIC BENEFITS TO STUDENTS: **N/A**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval

Other **Mountain View Tours**

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Club Funds
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$256.00</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>\$3,000.00</u>	<u>526/850-00-100-3400-280-6519</u>
Meals	<u>\$2,300.00</u>	<u>526/850-00-100-3400-280-6892</u>
Lodging	<u>\$2,710.00</u>	<u>526/850-00-100-3400-280-6892</u>
Substitutes	<u>\$100.00</u>	<u>530-00-100-3400-280-6113</u>
TOTAL	<u>\$8,366.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? N/A
IF SO, SOURCE & AMOUNTS: _____

HOW ARE CHAPERONE EXPENSES PAID? Not Paid

COST TO EACH STUDENT \$200.00

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? We have funds to accommodate athletes unable to pay

FUNDING SOURCE(S): Tax Credit/Non Tax credit

FUNDRAISING ACTIVITIES PLANNED (If applicable):
None

SUBMITTED BY: Rob Clouse _____ 8/8/12
Signature Date

APPROVED BY: [Signature] _____ 8/8/12
Principal/Supervisor Date

[Signature] _____ 8/27/12
Associate Superintendent/Superintendent Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 16

NAME OF SCHOOL GROUP/CLUB/ENTITY: **WOMEN'S VOLLEYBALL VARSITY TEAM**

STAFF ADVISOR(S) CHAPERONES: **BILL LANG, KATHY FRANKLIN, TIM GALLAGHER, KRISTIN REECE, DEE DINOTA**

ABSENCE: # Days 2 Sub Required: Yes No # of School Days Missed 2

ACTIVITY / EVENT . PURPOSE OF TRAVEL: **A.I.A. SANCTIONED VOLLEYBALL TOURNAMENT**

DESTINATION OF TRAVEL: **SAN DIEGO - LA JOLLA BEACH CITY VOLLEYBALL INVITATIONAL**

DATES OF TRAVEL: **09/20-23/2012**

ACADEMIC BENEFITS TO STUDENTS: **THIS TRIP IS AN ATHLETIC COMPETITION FOR THE VARSITY VOLLEYBALL TEAM. STUDIES SHOW THAT ATHLETIC ACTIVITIES SUPPORT THE ACADEMIC MISSION OF THE SCHOOL - STUDENT-ATHLETES TEND TO HAVE A HIGH GRADE-POINT AVERAGE, BETTER ATTENDANCE RECORD, LOWER DROPOUT RATE, AND FEWER DISCIPLINE PROBLEMS THAN TRADITIONAL STUDENTS.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **RENTAL VANS IF NEEDED**

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits YES Club Funds YES
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>500.00</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>1,000.00</u>	<u>526/850-00-100-3400-280-6515</u>
Meals	<u>1,800.00</u>	<u>526/850-00-100-3400-280-6892</u>
Lodging	<u>3,500.00</u>	<u>526/850-00-100-3400-280-6892</u>

Substitutes 400.00

001-00-620-1001-280-6113

TOTAL 7,200.00

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **NO**
IF SO, SOURCE & AMOUNTS: _____


HOW ARE CHAPERONE EXPENSES PAID? **SELF-PAID**

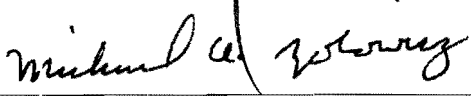
COST TO EACH STUDENT \$ **0.00**

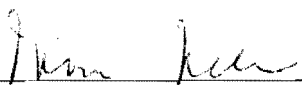
HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **ALL TEAM MEMBERS SHARE FUNDRAISING RESPONSIBILITIES**

FUNDING SOURCE(S): **TAX CREDIT ACCOUNT AND CLUB BOOKSTORE ACCOUNT**

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY:  8/22/2012
Signature Date

APPROVED BY:  8/22/12
Principal/Supervisor Date

 8/27/12
Associate Superintendent/Superintendent Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: **IRHS**

ESTIMATED NUMBER OF STUDENTS: 16

NAME OF SCHOOL GROUP/CLUB/ENTITY: **IRHS Wrestling Club**

STAFF ADVISOR(S)/CHAPERONES: **Tim Berrier and Paul Vasquez**

ABSENCE: # Days 1 Sub Required: Yes No # of School Days Missed 1

ACTIVITY / EVENT / PURPOSE OF TRAVEL: **Reno Tournament of Champions**

DESTINATION OF TRAVEL: **Reno, NV**

DATES OF TRAVEL: **12/13-16/12**

ACADEMIC BENEFITS TO STUDENTS: **Since Arizona is not known as a wrestling powerhouse state, those students who wish to obtain college scholarships must prove themselves at national level tournaments. The Reno TOC is such a tournament. Every IRHS wrestler who is currently wrestling in college has placed at this tournament and parleyed that accomplishment into funds for college.**

PROPOSED METHOD OF TRANSPORTATION:

District-owned vehicles

Transportation approval: _____

Other **Commerical Airline**

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits Club Funds
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

	APPROX. COST	BUDGET CODE
Registration	<u>\$600.00</u>	<u>526/850-00-100-3400-280-6892</u>
Transportation	<u>\$5,166.00</u>	<u>526/850-00-100-3400-280-6519</u>
Meals	<u>\$300.00</u>	<u>526/850-00-100-3400-280-6892</u>
Lodging	<u>\$1,172.00</u>	<u>526/850-00-100-3400-280-6892</u>

Substitutes **\$100.00**

530-00-100-3400-280-6113

TOTAL **\$7,238.00**

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **NO**
IF SO, SOURCE & AMOUNTS: _____

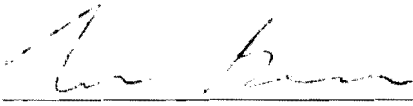
HOW ARE CHAPERONE EXPENSES PAID? **Club Funds**

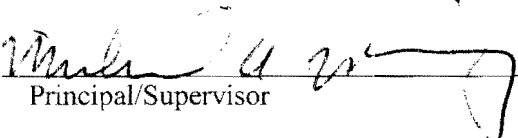
COST TO EACH STUDENT \$ **0**


HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? _____

FUNDING SOURCE(S): **Tax Credit and Club Funds**

FUNDRAISING ACTIVITIES PLANNED (If applicable):

SUBMITTED BY:  8/8/12
Signature Date

APPROVED BY:  8/8/12
Principal/Supervisor Date

 8/27/12
Associate Superintendent/Superintendent Date

AMPHITHEATER PUBLIC SCHOOLS
STAFF/STUDENT TRAVEL REQUEST

Attach supporting documentation as needed

ORIGINAL SUBMISSION

THIS FORM SHOULD BE USED FOR ALL TRAVEL EXCEPT THAT TRAVEL WITHIN PIMA COUNTY OR A.I.A. SANCTIONED EVENT TRAVEL

SCHOOL: District Offices

ESTIMATED NUMBER OF STUDENTS: 8

NAME OF SCHOOL GROUP/CLUB/ENTITY: Native American Education Program

STAFF ADVISOR(S)/CHAPERONES: Tonya Thacker, Thomas Collins

ABSENCE: # Days 5 Sub Required: Yes No # of School Days Missed 3

ACTIVITY / EVENT / PURPOSE OF TRAVEL: American Indian Science Engineering Society (AISES) National Conference in Anchorage, AK. The conference will be held November 1 - November 3, 2012.

DESTINATION OF TRAVEL: Anchorage, AK

DATES OF TRAVEL: October 31, 2012 - November 4, 2012

ACADEMIC BENEFITS TO STUDENTS: AISES is a national organization that encourages Native American students to pursue academics and careers in STEM (Science, Technology, Engineering, and Math) fields. The conference provides a track session program specifically for pre-college students, college students, educators, and professionals. For high school students, the conference specifically addresses trends in STEM careers, how to prepare for college/higher education, career explorations, poster sessions displaying high school research projects, and networking with other students, college representatives, and STEM driven companies with insight to scholarship opportunities. The conference is culturally driven to mesh the unique backgrounds of the students attending by incorporating Native American speakers in various STEM career positions. The students who have been selected for this trip are juniors/seniors, have passed their AIMS test in all areas and have proven to be academically successful. The students are taking higher level math and science courses, some being in AP classes.

PROPOSED METHOD OF TRANSPORTATION:

- District-owned vehicles
Transportation approval _____
 Other Airline

Are expenses paid from any of the following accounts? Auxiliary _____ Tax Credits _____ Club Funds _____
Parent Organization _____

EXPENSES REQUESTED: (OBTAIN RECEIPTS FOR ALL INCURRED EXPENSES)

APPROX. COST

BUDGET CODE

Registration	<u>\$1488.00</u> <u>\$ 372.00</u>	<u>200-13-100-1001-510-6892</u> <u>100-13-100-1001-510-6360</u>
Transportation	<u>\$4,000.00</u> <u>\$ 1000.00</u>	<u>200-13-100-1001-510-6519</u> <u>100-13-100-1001-510-6582</u>
Meals	<u>\$300.00</u> <u>\$ 200.00</u>	<u>200-13-100-1001-510-6892</u> <u>100-13-100-1001-510-6582</u>
Lodging	<u>\$1,472.00</u> <u>\$ 368.00</u>	<u>200-13-100-1001-510-6892</u> <u>100-13-100-1001-510-6582</u>
Substitutes	_____	_____
TOTAL	<u>\$9,200.00</u>	

WILL THE DISTRICT RECEIVE REIMBURSEMENT? **No**
IF SO, SOURCE & AMOUNTS _____

HOW ARE CHAPERONE EXPENSES PAID? **N/A - district employees**

COST TO EACH STUDENT **\$ 0**

HOW IS THIS TRAVEL MADE AVAILABLE TO ALL ELIGIBLE STUDENTS (LOW FAMILY INCOME PROVISIONS)? **Eligible students include those that are Native American and who have demonstrated excellence or academic achievement in science and math achievement as seen through course grades in Advanced Placement and engineering courses. All costs will be paid by the District's federal funding (Titles I and VII).**

FUNDING SOURCE(S): **Titles I and VII**

FUNDRAISING ACTIVITIES PLANNED (If applicable):
N/A.

SUBMITTED BY: 80100 tc 8.24.12
Signature Date

APPROVED BY: _____
Principal/Supervisor Date

[Signature] 8/27/12
Associate Superintendent/Superintendent Date