

**REQUEST FOR MATERIALS**  
**SEMINOLE STATE COLLEGE**  
**GEAR UP**



Requestor: \_\_\_\_\_ Date requested: \_\_\_\_\_

School System: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Grade level benefited: \_\_\_\_\_ Number of students served: \_\_\_\_\_

Item	Description (attach documentation)	Amount
_____	_____	_____
_____	_____	_____
	Shipping and handling charges	_____
	Less In-kind match (if applicable)	_____
	<b>TOTAL</b>	_____

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

FEI or EIN: \_\_\_\_\_

Requested material(s) will benefit students in the following subject(s):

- Writing   
  Math   
  Science   
  English   
  Reading   
  Social Studies

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Teacher	Date		

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Principal	Date		

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
GEAR UP Coordinator	Date		

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
GEAR UP Director	Date		

***All Grantees will be contacted at 6 and 12 month intervals for assessment and reporting purposes.***