REDLANDS EDUCATIONAL PARTNERSHIP GRANTS FOR TEACHERS 2025-2026 APPLICATION

Applicant's Name:	Grade/Level/Subject:
Name of School:	Email:
Cell Phone:	
	ing specifically what the Grant funds will be used on such a c. If you need more space, please add a second page.
Check Which Category Best Describes Your Re	equest:
Technology Art	Math Science Other
School Site Where Check Should Be Mailed:	
Please Initial:	
I understand all materials purchased with Gra property of Redlands Unified School District.	ant funds are for the 2025-2026 school year and become the so
I understand all Grant checks must be cashed	and spent within 45 days of receipt.
	ATION and RECEIPTS for purchase(s) made with Grant funds to the think that the think the think the think the think that the think t
I understand that if I fail to submit the Grant to receive a Grant for two consecutive years.	EVALUATION and RECEIPTS by Feb 28 th , 2026, I will be ineligib ———
Applicant's Signature & Date	Principal's Signature & Date

Email completed APPLICATION along with signed and dated MANDATORY INSTRUCTIONS to Linda Macleod, Grants Chairperson, at <u>REP4Grants@gmail.com</u>. Illegible or incomplete applications will be tossed without explanation or notification.