



S·P·I·C·E

SPECIAL PEOPLE IN CATHOLIC EDUCATION®

GRANT REQUEST FORM

Date of Application: _____

Name of Student: _____

Grade: _____

Name of Teacher Recommending Tutoring: _____

Recommended Tutoring Time:

(Session per week): _____

(Time allocation for a session): _____

(Duration of Tutoring Service): _____

Name of Tutor: _____

Address of Tutor: _____

Phone Number of Tutor: _____

Email Address: _____

Tutor Charge per session: _____

Reason for Grant Request as noted by teacher/ parent:

Please return to St. Catharine School (Attn: Mr. Watts): To be completed by Mr. Watts:

Total Amount Requested based on # of sessions and duration): _____

Parent Participation Amount: _____

SPICE Amount: _____

Date: _____

Signature of Principal: _____