

American National Bank Classroom Library Grant

Teacher's Name _____ Email _____

Grade Level _____ Name of school: _____

Principal's Name _____

Principal's signature: _____

Teacher's signature: _____

Description of current classroom library: _____

How will you determine which students to serve with this grant? _____

Number of students to be served: _____

What are the long-term benefits? _____

Total amount of money requested (not greater than \$100): _____

Please attach purchase order(s)

This grant is intended for use for readers performing below grade level.