

**Archdiocese of Louisville**  
**CONSULTANT, BOOK STUDY Funding Request FORM**

**The following 2 items (\*) must accompany every request:**

- (\*) your School Improvement Plan or your personal Professional Growth Plan
- (\*) JCPS Title II, Part A or Title IV, Part A Funds Needs Assessment FORM

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**-CONSULTANT Request-** \*REMINDER: please DO NOT pay or sign a Consultant contract prior to receiving Funding Approval.

Virtual  In-Person

**WORKSHOP TITLE:** \_\_\_\_\_

**PRESENTER(S):** \_\_\_\_\_

**BRIEF DESCRIPTION:** \_\_\_\_\_

**DATE(S)/TIME(S)/LOCATION:** \_\_\_\_\_

**TOTAL COST (approximate)** \_\_\_\_\_

**Requested by:**

**SCHOOL:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PRINCIPAL'S NAME:** \_\_\_\_\_

\*\*\*\*\*  
**-BOOK STUDY Request-**

**TITLE OF BOOK:** \_\_\_\_\_

**AUTHOR(S):** \_\_\_\_\_

**COPYRIGHT DATE:** \_\_\_\_\_ **ISBN NUMBER:** \_\_\_\_\_

**COST per BOOK (approximate)** \_\_\_\_\_ **#of copies requested:** \_\_\_\_\_ **Total Cost (approximate)** \_\_\_\_\_

**Requested by:**

**SCHOOL:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**PRINCIPAL'S NAME:** \_\_\_\_\_