

SOUTHSHORE CHAMBER OF COMMERCE

# Education Committee Request Form

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The SouthShore Chamber of Commerce Education Committee offers the opportunity for educators in SouthShore area to request assistance for their schools. The assistance may be in the form of materials, supplies, projects, funding, volunteers or other types of help. Requests for the Education Committee are considered monthly.

**The deadline for submission is the 15<sup>th</sup> of each month.**

Please send completed forms to:

SouthShore Chamber of Commerce, EPC  
137 Harbor Village Lane  
Apollo Beach, FL 33572

OR Fax to:  
(813) 645-2099

OR Email to:  
[Melanie@southshorechamberofcommerce.org](mailto:Melanie@southshorechamberofcommerce.org)

*Please focus your requests meeting the needs your students  
**within the classroom environment.***

- Focus on Supplies, Teaching Tools, Learning Activities that support multiple students
- Requests for Cash, Food, T-Shirts or Field Trips will not be considered.
- Areas marked with (\*) are required. Incomplete requests will not be considered.
- Include number of students, prices and links wherever possible
- If your request falls outside of these general parameters, please describe what objectives in your curriculum that this request would fulfill.

For additional information or questions please contact us at: 813-645-1366 or  
[Melanie@southshorechamberofcommerce.org](mailto:Melanie@southshorechamberofcommerce.org)

**SouthShore Chamber of Commerce  
Education Committee Request Form**

**\* Requestor Information**

Date Submitted \_\_\_\_\_

<b>Requestor name</b>	
<b>Requestor position/title</b>	
<b>Requestor contact information</b>	<b>Phone:</b>  <b>Email:</b>
<b>School name</b>	
<b>School address</b>	
<b>School Principal</b>	

.....  
**Type of Request**

- Event           
  Funding           
  Materials/supplies           
  Volunteers  
 Other: \_\_\_\_\_

.....  
**\* Request Details**

<b>Description/Goal</b>	
<b>Date:</b> When is request is needed	
<b>Time:</b>	
<b>Location:</b>	
<b># of Students:</b> If your request is for a specific number, please indicate how many will be served.	
<b># of faculty/staff:</b> If your request is for a specific number, please indicate the number involved	

Please the describe the benefit to students/school:

Complete the category that applies to your request.

**Category 1: Materials/Supplies**

<b>Description *</b>	
<b>Quantity *</b>	
<b>Date required *</b>	
<b>Dollar amount *</b>	

**Category 2: Volunteers**

Dates	Times	Number of volunteers

**Category 3: Funding**

Description *	Dollar Amount *