



arent



eacher



ssociation

Be part of the solution...

Funds Request Form

Requested by: _____ Date Requested: _____

*Please note that the request has to be in writing before the PTA meeting each month.

We cannot vote electronically.

_____ Principal Approval (Signature Required)

_____ Other resources have been explored. If yes, what? _____

Are you a PTA member? _____

What grade(s) will this grant affect? _____ How many students? _____

Reason for request: _____

Amount Requested: _____

Organization the check made out to _____

Date Funds Needed By: _____

Mailed To: _____ Given To: _____

Address of organization: _____

Telephone Number of Organization: _____

Contact at Organization: _____

PTA Approved _____ Check Number: _____ Date: _____

Signature 1 _____ Signature 2 _____