

Application for Requesting Funds from PTSO

DATE OF REQUEST: _____

1. Name of organization requesting funds:
2. Amount/items requested:
3. Reason for request (please state specifically how the donations will be used):
4. Number of persons participating in activity or benefiting from funds:
5. Description of fundraising activities undertaken/planned by organization:
6. Amounts earned in above activities:
7. Approval from Dr. Smith _____

8. Submitted by:

Name (printed): _____

Position in Organization: _____

Organization Sponsor's signature: _____

9. Check needs to be:

Written out to: _____

Given to: _____

Important Note: (1) Requests will be accepted ONLY if one student (or more) AND the sponsor come to the PTSO meeting in person. A student is to present the request to the PTSO general membership at this time. (2) Your organization will also be required to support fundraising events throughout the school year. (3) Request forms are due to the PTSO Board for review by 4:00pm on the Thursday before our general PTSO Meeting (first Tuesday of each month). Any requests received after this time will be reviewed the following month. (4) Your organization may also be asked to fill out an accountability form that you will receive with your check. We look forward to working with you and helping your organization succeed.

Date Approved _____ Presented By _____

Amount Approved _____ Check Number _____

Please request approval from Dr. Jennifer Smith before submitting this form to the PTSO Board.