PTA FUNDING APPLICATION FORM

TEACHER NAME: ___________________________    DATE: ____________________

Please circle the account from which you are requesting funds:

Allocations
Arts in Education
Assemblies
Curriculum Enhancement
Special Projects

AMOUNT REQUESTED: _____________________________

Grade Level and Number of Students at each level who will benefit:

Grade Level   Number of Students    Date of Program
____________   ___________________    __________________________
____________   ___________________    __________________________

Description/Purpose:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Make Check Payable To:  __________________________________________________________

Date Needed By:   __________________________________________ __

Send Check To:     ________________________________________ ______

_________________________________ _____________
______________________________________________