

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: _____
