

Atholton High School PTSA

CLUB/ORGANIZATION/CLASSROOM FUNDING REQUEST



(Club/Organization/Classroom Name)

(Sponsor/Advisor/Teacher Name)

Purpose for which funds are requested (Please provide **specific** information, such as date(s) of event(s), items to be purchased):

Who will benefit? _____

How many will benefit? _____

Costs for specific event(s), item(s): _____

How will costs not met by PTSA be funded? (i.e. How are other funds raised?) _____

Total Cost of Event(s) _____

Amount Requested from PTSA: _____

(signature of Sponsor/Advisor/Teacher)

(date)

(signature of Principal)

(date)

PTSA Disposition:

Approved Denied

Amount Funded: _____

Date: _____