

Gayhead PTA: Application for Funds*

School Year: _____

Person completing this form is (check one):

- a Gayhead administrator _____
- a Gayhead faculty member _____
- a Gayhead staff member _____
- a Gayhead PTA member _____
- a Gayhead community member _____
- other _____

Name of person completing this form: _____

Address: _____

Telephone: _____

E-mail: _____

Reason for Request (explanation of intended use of funding): _____

Amount of funds requested: _____

Date funding is needed by: _____

Month

Day

Year

Alternate or additional funding sources: _____

Signature of person completing this form: _____

Date: _____

**Submit one copy of this form to the PTA president and one copy to the PTA treasurer.*

PTA Treasurer: _____

PTA President: _____

Approval Date: _____

Approval Date: _____