Island Park PTA
Funding Request Application

Date: _____
Applicant's Name:_____
Phone: _____E-mail_____
Title/Relationship to Island Park: _____

Program/Project Title:_____
Continuation of an existing program? _____Yes _____No
Program/Project Start Date:_____ End Date:_____

1. Describe the project, program, materials and/or activities of the funding request.

2. How will this benefit the students or community of Island Park Elementary? Include the number of children this project or program will impact.

3. What organizations or individuals will be involved in the implementation of the program or project?

Proposed Project/Program Budget

Expenses		**Income from Other Sources**	
Fees	$_____	Donations	$_____
Equipment/Materials	$_____	Grants	$_____
Transportation	$_____	Fees	$_____
Other (specify)	$_____	Other (specify)	$_____
Total	$_____	Total	$_____

Total Funds Requested $_____

All allocated funds must be spent and receipts submitted by June 23. Unspent funds by this time will revert to the PTA treasury.

Please use additional space as needed. Attach any additional information, drawings or plans that may be helpful in understanding the project.

Hard copies available in the PTA Office.

For PTA Use Only:
Principal's Approval:_____Date:_____
PTA Approval:_____Date:_____
Amount Paid:_____Date:_____Check #:_____