

Application for PTA Funds

Date: _____
Applicant's Name: _____
Contact Person: _____
Telephone: _____ day _____ eve
Email: _____

Program/Project or Asset Title: _____

Is this a continuation of an existing program? Yes _____ No _____

Program/Project Start Date: _____

Ending Date: _____

Describe how the program/project or asset will be used to promote the health, welfare, safety and education of children and youth in the home, school and community:

Program/Project or Asset Budget:	
Expenses:	Income:
Materials: _____	Donations: _____
Equipment: _____	Fees: _____
Other: _____	Grants: _____
	Other: _____
TOTAL: _____	TOTAL: _____

Please return completed form to a PTA officer. Additional comments may be attached. All fund applicants are encouraged to present their plan in person. Any asset purchased becomes the property of the PTA and/or Woodside Community and may not be removed in the event of the applicant's departure.