



Arnold Hill Academy Parent Teacher Association

CLUB/DEPARTMENT/CLASSROOM FUNDING REQUEST

Club/Department/Classroom Name _____

Club/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 PTA be funded? (ie How are other funds raised?) _____

Total Cost of Event(s): _____

Amount Requested from PTA: _____

Signature of Sponsor/Advisor/Teacher: _____ Date: _____

Signature of PTA: _____ Date: _____

PTA Disposition:

Approved

Denied

Amount Funded: £ _____ Date: _____