REQUEST FOR NHMS PTSA FINANCIAL SUPPORT

*Please complete this form prior to making a presentation at a PTSA meeting. Please keep a copy of this form and leave the original form in the PTSA mailbox, located in the staff lounge. Thank you for your continued support and partnership.*

Date of Financial Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Financial Support Is Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollar Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_

Request: Please feel free to use the back of this form if additional space is needed.

Please indicate the approximate number of children who will benefit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I will be in attendance at a PTSA meeting to make this request. I understand that this request cannot be considered unless I, or someone speaking on my behalf, is present at a PTSA meeting.

As I am unable to attend the PTSA meeting, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will present the financial request on my behalf.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Staff Member Making Financial Request*

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*To Be Completed by NHMS PTSA President, Susan Kissel:*

Date of financial request made at PTSA meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision: (*Please circle*) Granted Denied

If denied, please provide written explanation to applicant.

Signature/ Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_