

LTHS Parent Teacher Council Application for Funding

Name of Activity, Club, or Group _____

Staff member/contact person _____ Phone Number _____

Purpose of Requested Funds (State any details needed to understand the request.) Please attach additional sheets if necessary. _____

Number of students benefiting from this request: _____

Details of All Requested Funds (Specify the exact cost per item and/or cost per student and the number of each requested.)

Item(s) _____	Amount _____
Item(s) _____	Amount _____
Item(s) _____	Amount _____
Item(s) _____	Amount _____

Total Amount Requested _____

Is there any alternative funding for which you have applied or that is available? If so, please specify. _____

What fundraising activities have you done to raise funds for this request? _____

How much have you already raised to fund this request? _____

Is any part of this request a curriculum item? If so, please specify. _____

If you do not receive funding from the PTC, how will you proceed? _____

Reimbursement will be made upon presentation of receipts. Contact the Activities Director for details.
In order to be considered for funding, **requests due to the Activities Director by October 27, 2006.**

~~~~~ PTC Use Only (Updated 1/5/2006) ~~~~~

PTC response: Date \_\_\_\_\_ Response details \_\_\_\_\_

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