Hall High School PTO Funding Request Form

The PTO funds various projects that benefit the Hall community. Completion of this form will help the PTO to allocate available funds. Submission of this request does not guarantee funding, and purchase of items prior to project approval does not guarantee reimbursement. Please return the completed form to the PTO mailbox in the office, via email (hallpto@gmail.com), or submit to a PTO officer.

During the school year, the approximate timeline for determination of funding of requests is those submitted by the 1st of the month will be notified by the end of that month.

Date of request:__________________ Date(s) of project/activity:__________________

Name of applicant: ________________ Contact phone number:___________________

Title of club or department:___________________________________

Amount of request:___________________

Describe your project (please include all information you feel will best describe your request):________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

How many students will benefit from this project?_______________________________

What are the goal/expected outcome(s) of this project in relationship to the students, school and community?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What other sources of funding have you pursued?______________________________

If this project or activity occurred in the past, how was it funded?
_____________________________________________________________________
_____________________________________________________________________

Please use the back of the form for additional information, if needed.

For official use: Board action: Approved  Rejected  Deferred Date:__________________
Remarks:_____________________________________________________________________

Signature of PTO officer__________________________________________________