Pittsford District Teachers Association
Student Benefit Fund Application

Student Name:_____

Date: _____

Building: _____

Principal Name _____

Amount requested (not to exceed $50.00) _____

Check payable to: _____

Mail check to: _____

Date funds needed by:_____

Please describe below the reason for the request, if money is being used from other funds and any other pertinent information.

_____

_____

_____

_____

_____

_____

_____

_____

Principal's Signature: _____

Please return this form to the PDTA Office, Barker Road Middle School

Rev. 9/19/07