

# Pittsford District Teachers Association Student Benefit Fund Application

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Building contact person: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

Date funds needed by: \_\_\_\_\_

Please describe below the reason for the request, other sources of funding, and any other pertinent information.

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Principal's Signature: \_\_\_\_\_

**Please return this form to the PDTA Office, PCSD Administrative Annex/ Lomb Building**