

Pittsford District Teachers Association Student Benefit Fund Application



Please read eligibility guidelines prior to completing this form.

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.

Principal's Signature: _____

**Please return this form to the PD TA Office,
PCSD Administrative Annex/ Lomb Building.**