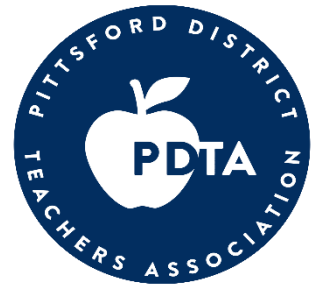


Pittsford District Teachers Association Student Benefit Fund Application



Please read eligibility guidelines prior to completing this form.

Student name: _____ Grade: _____

Date: _____

Building: _____

Building contact person: _____

Amount requested (up to \$50.00 max): _____

Total cost of activity: _____

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 PDTA Office, Lomb Building.

- Approved

Amount: _____ Date: _____

- Not approved

Reason: _____

Executive Vice President

Treasurer