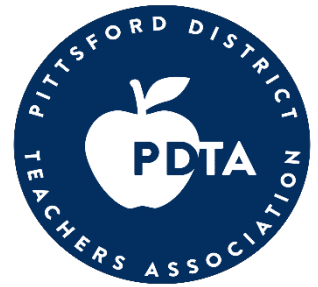


# Pittsford District Teachers Association Student Benefit Fund Application



**Please read eligibility guidelines prior to completing this form.**

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Principal name: \_\_\_\_\_

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

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

Total cost of activity: \_\_\_\_\_

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

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

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

Approved

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

Not approved

Reason: \_\_\_\_\_

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, Lomb Building.**