



Foundation for
**POTTSTOWN
 EDUCATION**

Promoting opportunities for children

230 Beech Street
 Pottstown, PA 19464
 Phone: 610-970-6616

FUNDING REQUEST FORM

Include this form with supporting documentation and forward to the Foundation after all signatures below are acquired in the designated order listed
(Stamped signatures are invalid)

I, _____, am requesting an allocation from the Foundation in the amount of
 \$ _____ **Check made payable to:** _____

This amount will be spent by (date) _____

The funds will be used to meet the following education need(s):
Attach a detailed description of the project to this form.

- | | |
|---|---|
| <input type="checkbox"/> Early College/Dual Enrollment | <input type="checkbox"/> Field Trips* |
| <input type="checkbox"/> Teacher Professional Development | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Teacher Mini Grants | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> The Arts | <input type="checkbox"/> PEAK <input type="checkbox"/> STEM |

**If funds are to be used for a field trip, the project description must include the number of students and the cost of a ticket per student. The following is a description of all additional efforts applied to raise funds for this project.*

I agree to provide a written update to the Foundation's Executive Director that details how the funds were allocated and provides the Foundation with an understanding of the impact of the funded project, if requested.

The request for funding must be signed by the appropriate people in the designated order to be considered for financial support.

Request is submitted by: Name (printed) _____

Signature _____ Date _____

Request is signed by supervisor: Name (printed) _____

Signature _____ Date _____

Request is signed by Pottstown School District Superintendent:

Signature _____ Date _____

Presented to Finance Committee for Approval Date _____

Approved: Yes ____ No ____ Amount _____

Presented to Foundation Board for Approval

Approved: Yes ____ No ____ Date _____

Submitted for Payment: Date: _____

Check Received: Date: _____ Amount: _____

Check Sent to Requester: Date: _____

Attach Copy of Check

Signature of Executive Director Date _____