

MILLBROOK PTO

Fund Request Form

School: ___ Elm ___ Alden ___ MMS ___ MHS

Today's Date: _____

Your Name & Title: _____

Amount Requested: _____

Number of Students to Benefit: _____

Any Other Organizations Matching Funds & How Much? _____

Description of Program: (Please explain in detail the program, why the program is needed, dates of program and benefit of the program to the students. Attach pertinent information.)

Check made payable to: _____

*Please note that Millbrook PTO will accept requests on an on-going basis throughout the school year. The PTO makes every effort to disburse funds equitably to all schools. You must be a member in good standing with the Millbrook PTO in the current school year to be able to submit a Fund Request. All disbursement of funds is subject to fundraising success.

Signature of Requestor: _____

Date: _____

Building Principal Signature: _____

Date: _____