

# Roselawn Parent Teacher Organization

## Request for Funds

(DRAFT)

Directions: When filling out this application please keep in mind the mission of the Roselawn PTO “to promote positive interactions between students, teachers, and parents”. Approval of this request will depend on how your activity helps us to further this mission.

Name: \_\_\_\_\_

Position in the school district: \_\_\_\_\_

Amount of request: \_\_\_\_\_

Number of student, parents and teachers  
involved: \_\_\_\_\_

Date of the activity: \_\_\_\_\_

Description of activity (attach additional pages if necessary):

For PTO use only \_\_\_\_\_

Approval date: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Deadline for expenditure: \_\_\_\_\_

PTO comments: \_\_\_\_\_