



Please complete the following information if you are requesting PTA funds or a PTA grant for a project.

- For requests under **\$500** we need your request one week prior to our next Board of Directors meeting.
- For requests exceeding **\$500** we need your request one week prior to our next General Membership meeting.

Amount requesting \$ _____

Reason for request

Explain how your request benefits the students of **Dozier Middle School PTA**

Your name _____

Contact information _____

****Requests are considered in the order received****

Date request received _____
Approved ____ Denied ____ (please attach rationale if denied)
Signature of President _____