

VALLEY VIEW ELEMENTARY
Parent **T**eacher **A**ssociation
Funding Request Form

Date: _____

Name: _____

Position: _____

Amount Requested: _____

Date of PTA meeting that you will be attending _____

Please describe in a short paragraph the purpose of your request include how this will benefit student learning. Represent your proposal at a PTA meeting. Your presents are required for the request to be approved by the PTA board.

Please email this form prior to the PTA meeting you will be attending to
valleyviewpta271@gmail.com

Thank you for taking the time to complete this form. We look forward to how PTA can support more learning opportunities here at Valley View Elementary.

Approved_____ Hold_____ Date_____ Check#_____