



MSAD 51 PTO

Enrichment Funding Request Form

Name _____ Date _____
Title _____ School _____

Event Information

Description of Event: _____

Date of event: _____

Total Amount of Funding Request: _____

Have you applied for funding for this event from any other source? _____

Are students sharing the cost of this event? _____

How many students will benefit from this request? _____

Do you anticipate the need for similar funding on an annual basis? _____

Financial Information

Date check is needed: _____

Check should be delivered to: _____



PTO Response

This Funding Request has been

_____ Approved _____ Denied _____ Tabled, for the following reasons:

Amount Granted: _____

Signature: _____

PTO Action

Date Paid: _____

Check Number: _____