

PORTA SCHOOLS FOUNDATION

PETERSBURG, IL 62675

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ASSISTANCE REQUEST FORM

NAME OF PERSON/ORGANIZATION REQUESTING ASSISTANCE _____

TITLE/SPONSOR

NATURE OF PROJECT:

WHO WILL BENEFIT FROM THIS PROJECT:

NUMBER OF STUDENTS TO BENEFIT: _____

TOTAL EXPENSE OF THIS PROJECT: _____

AMOUNT OF MONEY REQUESTED FROM FOUNDATION: _____

WHEN NEEDED: _____

REQUEST FORM IS TO BE TURNED IN TO YOUR PRINCIPAL'S OFFICE

DATE: _____ PRINCIPAL'S SIGNATURE: _____

CHECK ONE:

_____ APPROVED AS SUBMITTED

_____ APPROVED WITH THE FOLLOWING LIMITATIONS

_____ DENIED

.....
DATE: _____ FOUNDATION PRESIDENT SIGNATURE _____

CHECK ONE:

_____ APPROVED AS SUBMITTED

_____ APPROVED WITH THE FOLLOWING LIMITATIONS

_____ DENIED

ATTACHED-RECOMMENDATION FROM PRINCIPAL

PLEASE ATTACH A TYPEWRITTEN NARRATIVE DESCRIBING IN DETAIL YOUR REQUEST.

INCLUDE OTHER RESOURCES.