



City Honors

P.T.S.C.O
Parents, Teachers, Students, Community Organization
Request for Funding

Date of Request _____

Amount requested (itemize if more than one item) _____

Class Level, Club or Organization _____

Number of Students and grade level of students benefiting from request _____

Requested item(s) _____

Reason for request _____

What percentage of your total budget does this request represent? _____

Are funds being requested from other sources? No Yes (if yes) What sources and amount requested

Check needed by this date _____

Made payable to _____

Send check to _____

Requestor's signature _____ Phone _____

Finance committee: Approval Denial Date _____

Finance committee comments: _____

*** Please attach any supporting documentation to this form when submitting**

*** Applications must be received no later than 10 days prior to PTSCO meeting to be considered for approval**

Please send requests to: **Ralph J. Proulx**
PTSCO Vice President
78 Bidwell Parkway
Buffalo, NY 14222