

# Felida Elementary PTA

## Application for Volunteer Support and / or Funds

*Please return this application to a PTA Officer's box (in the copy room)  
at least **two weeks** before the monthly  
Board of Directors' meeting or General Membership Meeting.  
Applicants are encouraged to attend the BOD meeting and present their plan in person.*

Date: _____
Name: _____
Telephone: _____
E-mail: _____

Program/Project Title: \_\_\_\_\_

Is this a continuation of an existing program?    Yes    No

Start/end dates: \_\_\_\_\_

### Proposed Program and Budget

**Expenses**

Materials \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Other     \$ \_\_\_\_\_

**Total     \$ \_\_\_\_\_**

**Income \$ \_\_\_\_\_**

**Total Amount Requested:**

\$ \_\_\_\_\_

**Number of Volunteers Needed:**

\_\_\_\_\_

Principal's Signature \_\_\_\_\_