

Hill Elementary PTA Fund Request



Name and Phone number: _____

Date Submitted: _____

Please mark the type of funds being requested: *(you may delete the section not used to provide more room for your submission):*

_____ **Booster Club**

Request for specific item or items for class or grade-level use. Materials stay in the classroom and cannot be consumables.

_____ **HIL Grant**

Request for a program that supports and encourages innovative projects. Maximum grant = \$500.

_____ **Science Materials**

Request for science materials for class or grade-level use.

_____ **School Wide Needs**

Request for specific item or items for class or grade-level use. May include consumable items.

_____ **PTA Support – Curriculum for** _____ *(please indicate subject area, i.e. Math, Science, etc.)*

Request for textbook or other curriculum-related materials for class or grade-level use.

For the above requests, please complete the following and submit completed order forms:

1. What will this money be used for? Please attach any necessary order form(s).

2. How will this benefit the students?

3. Check payable to: _____ Amount: \$ _____ Date needed: _____

_____ **PTA Support – Staff Development**

Request for Staff Development training

For the above request, please complete the following:

1. Title of Workshop: _____ Dates of Workshop: _____

Location: _____

2. Scope of Training:

3. How do you plan to bring the information back to campus? (Information should be presented within 1 month of workshop to an appropriate audience, i.e. Language Arts teachers, grade-level, whole campus, e-mail. All materials received from conference remain the property of Hill Elementary, i.e. cameras, books, binders.) Green summary form required upon return from workshop.

4. How does this workshop meet the CIP goals of Hill Elementary?

5. What TEKS will this workshop directly impact in the classroom?

6. Workshop costs:

Workshop fee \$ _____

Lodging/food (Food = \$36 per day and Lodging = \$85 per day) \$ _____

Transportation (44.5 cents per mile based on state mileage guide) \$ _____

\$ _____ Total Workshop costs

***** Submit completed request form to Sandy Koss. *****

PTA Check #: _____

To be completed by Approval Committee:

*** Approved: _____

*** Not Approved: _____
Reason for not approving:

*** Fund Source (circle one):
District
PTA (Category: _____)

Approval Signatures:

As Applicable:
Booster Club Chair: _____

Literacy Library Staff Representative: _____

Staff Development Committee: _____

Required:
School Principal: _____

School Secretary: _____

PTA Treasurer: _____