



**NOTE: Form must be signed by Brenda Pacheco before it will be considered for funding. Place completed form in Principal's box for review. The request will be forwarded to the FSOTA Allocations Chairperson after the principal has approved and signed the request.**

**IMPORTANT!** Please provide feedback such as staff/student comments, surveys, thank you letters, photos, etc. from your activity/event to the FSOTA mailbox. Your feedback helps us stay inspired and focused on supporting student development and success at SOTA!

**REQUEST FOR FUNDS**

Date of request: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Applicant's title/position and contact info (phone and email) \_\_\_\_\_

Purpose of Request (attach additional pages if necessary) \_\_\_\_\_

Date and location of activity to be funded: \_\_\_\_\_

Number of students involved in this activity/event: \_ Grades \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Check needed by: \_\_\_\_\_

**\*\*\*IMPORTANT \*\*\*** Check is to be made out to: \_\_\_\_\_

Department Contribution: \_\_\_\_\_ If none, please explain: \_\_\_\_\_

Student Contribution: \_\_\_\_\_ If none, please explain: \_\_\_\_\_

Staff/Facility Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

**Principal's Signature & Comments** \_\_\_\_\_

**Date of Principal Approval** \_\_\_\_\_

**PRINCIPAL:** Please scan signed requests for funding and email to [davidharrisonmslis@gmail.com](mailto:davidharrisonmslis@gmail.com).

**To be completed by Friends of SOTA** Request ID# \_\_\_\_\_

Date received by Allocations Chairperson: \_\_\_\_\_

Decision of the Allocation Committee: \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Paid by: \_\_\_\_\_

Emergency Fund  Operating Account  Temp Restricted, Budget Line: \_\_\_\_\_