

Request for Funding from LTAPA

School faculty, administration and others may use this form to request LTAPA funding.
Please provide as much detail as possible.

Today's Date:	
Your Name:	
Organization Requesting Funding:	
Your Position with Organization:	
Your Email Address:	
Your Contact Number:	
Detailed description of reason for funding request:	
Amount requested:	
Source(s) of other funding and amount(s):	
Date by which money is needed:	
Name and Address of Organization check needs to be payable to:	
Your Signature:	
School Administration Signature (if donation is being made to LCS):	

*Depending on the request, you may be asked to attend the next LTAPA meeting
to provide more details regarding your request*

For office use:

Date request approved _____ -- or -- Date request denied _____

Funds Disbursed on _____ Check # _____ By _____

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