

Request for Funding

1. Please complete this form with as much information as possible.
2. Submit to chairstellerparentgroup@gmail.com for review.
3. All requests are due no later than 2 weeks before the next SPG meeting (2nd Tuesday of the Month).
4. The Finance Committee (Chair, parent, student, principal) will review it and recommend at monthly meeting.

Contact Information

Name:	Phone:
Email:	
Circle: Student Staff Parent SPG	Date:

I. Proposal Information

Title:	Amount requested:
Is your request for (Check/highlight one): <ul style="list-style-type: none"> <input type="checkbox"/> SPG hosted event or activity <input type="checkbox"/> School hosted event or activity <input type="checkbox"/> Program support (Fee offsets for program participation/supplies) <input type="checkbox"/> Special projects (One time events/activities) <input type="checkbox"/> Student passage project 	
This is a (Check or highlight one): <ul style="list-style-type: none"> <input type="checkbox"/> One time request OR <input type="checkbox"/> Request for recurring funding 	Date funds are needed by:
Provide a general description of what you are asking for and how it will benefit Steller students and/or the wider community. Specify if there is a direct curriculum connection.	

II. Who will benefit from this money?

Grade(s) of student(s) to benefit:	How many student(s) to benefit:
<p>This money will (choose what applies)</p> <p><input type="checkbox"/> Reduce overall expenses for members of a large group from _____ (starting fee) to _____ (ending fee)</p> <p><input type="checkbox"/> Provide a scholarship for individual student(s) to be able to participate from _____ (starting fee) to _____ (ending fee)</p> <p><input type="checkbox"/> Other (equipment, special event, project). Specify.</p>	

III. Funding History

Has this (group/student) received funding before? YES NO	If YES please provide: Amount Date
What other sources of funding are available? How much will you get from them?	
<p><input type="checkbox"/> School money _____</p> <p><input type="checkbox"/> Op Group _____</p> <p><input type="checkbox"/> Fundraising activities _____</p> <p><input type="checkbox"/> Other _____</p>	

Office Use Only

Date received:

Reviewed by

Chair 1 _____ Chair 2 _____ Treasurer _____ Principal _____

Recommend OR Questions/Comments/Concerns (explain)

To be submitted at Parent Group Meeting on _____

Tracking

Ordered	
Invoice Received	
Items Received	
Reimbursed/Paid	

Ordered	
Invoice Received	
Items Received	
Reimbursed/Paid	