

Discretionary Funding Request 2017-2018

Kequest:					
Contact Person:					
Email:		Date Submitted		omitted	
Type of Program (Check all that app	oly)				
Visiting Artist (author, guest s	peaker, etc. one da	y visits)			
Artist in Residence Program (1	more than one day	visits)			
In-School Extra-Curricular Ev	ent (plays, exhibits	s, etc.)			
Field Trip					
Student Enrichment Program	(ski, math camp, re	eading camp	o, etc.)		
Other (please describe)					
Estimated number of students this p	rogram would serv	⁄e:			
Program Fee \$ Transpor		tation Fees	Yes	No \$	
Total Program Fee (Program Fee plu	s Transportation F	Gee) \$			
Is the PTA the only source of funding?		Yes	No		
Does this Program meet NE PTA O	ojectives?				
• Enrich our children's school life		Yes	No		
• Enhance our children's educational opportunities		Yes	No		
• Enhance our children's school communities		Yes	No		
 Provide equal access to programs 		Yes	No		
PTA Board's Recommendation		Yes	No		
Date Reviewed:	Approved	Yes	No	Amount Awarded: \$	