

**BHS PTSO**  
**REQUEST FOR FUNDS**

Date requested: \_\_\_\_\_

Person/department requesting funding: \_\_\_\_\_

Activity/equipment: \_\_\_\_\_

Activity/equipment purpose: \_\_\_\_\_  
\_\_\_\_\_

Total cost of activity/equipment: \_\_\_\_\_  
\_\_\_\_\_

Date funds are needed: \_\_\_\_\_  
\_\_\_\_\_

Number of students/faculty benefiting from PTSO funds: \_\_\_\_\_  
\_\_\_\_\_

Please explain how the activity/equipment benefits BHS student body and/or faculty: \_\_\_\_\_  
\_\_\_\_\_

Are there additional fund-raising efforts underway to help support the activity/project? \_\_\_\_\_  
\_\_\_\_\_

**Please complete and leave in PTSO box for review by the PTSO Board. Please note a presentation may be required. A faculty representative must accompany all student presentations.**