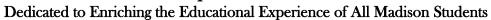


Madison High School PTSA Academic Boosters Request for Funds



| Name: | | | |
|---|------------------------------|-----------------------|--|
| Position: Teacher | ☐ Administrator | Counselor | Dept. Chair |
| Subject(s) Taught: | | | |
| Amount Requested: | Estimated Total C | ost: Dat | e Requested: |
| | = | | escribe course, conference, or is descriptions or any other |
| Please detail the cost estim | ate e.g., 2 registrations to | o be purchased at \$ | 190 per registration = \$380. |
| If applicable, how will this benefit self, students and/o | _ | rfax County Program | m of Studies or how will it |
| What, if any, alternate sou | rces of funding are availa | able for this purchas | e? |
| Applicant's Signature | | Date | |
| Department Head's Signat | ture | Date | - |
| Principal's Signature | | Date | _ |