



## Madison High School PTSA Academic Boosters Request for Funds

Dedicated to Enriching the Educational Experience of All Madison Students

Name:

Position:  Teacher       Administrator       Counselor       Dept. Chair

Subject(s) Taught:

Amount Requested:

Estimated Total Cost:

Date Requested:

Please describe below what is to be purchased if funding is granted. Describe course, conference, or other activity or item. Attach any descriptive literature, brochures, class descriptions or any other pertinent information.

Please detail the cost estimate e.g., 2 registrations to be purchased at \$190 per registration = \$380.

If applicable, how will this purchase benefit the Fairfax County Program of Studies or how will it benefit self, students and/or other staff?

What, if any, alternate sources of funding are available for this purchase?

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date