



Pioneers for Education Funds Request Form

Person Requesting Funds:

Name: _____ Position: _____

Email: _____

Date of PFE Meeting you will be attending: _____

Are you a PFE Member? () YES () No

School Level Impacted by purchase: () Elementary () Junior-Senior High () District Wide

Describe in detail the purpose of your request. Include what the funds will be used for and how this will benefit students. Attach any necessary documents.

Amount Requested (Attach supporting documentation): _____

Are school resources available to support this request? Yes No

Item / activity has been approved by administration: Yes No

Name of administrator if approved: _____

Signature: _____ Date: _____

Please email this form at least one week prior to the PFE meeting you will be attending to pioneersforeducation@gmail.com

For PFE Use Only:

Date Received: _____ Date Reviewed: _____

Comments:

() Approved () Denied PFE Signature _____