

Request for Manhattan Public School Foundation Funds

Name of Teacher: _____

Classes or Grade Taught: _____

Date of Request: _____

Requested Amount: _____ (Up to \$1,000)

Title of Program or Type of Equipment: _____

Description of Program or Equipment: _____

Date of Event: (if applicable) _____

Purpose: _____

Number of Students to Benefit: _____

Length of Program: (if subscription or software license, list number of months or years) _____

Explain how you believe this will impact or benefit students and/or community:

Teacher Signature: _____

Principal to Review: Elementary Middle School High School

Principal Comments:

Signature of Principal: _____

Email completed form to: phebner@bresnan.net

or mail to: MPSF PO Box 1223, Manhattan, MT 59741

Foundation Review

Foundation review date: _____

Foundation Comments:

Amount Approved: _____

Amount Paid Out: _____

Date: _____

Check #: _____