Teacher Appreciation Fund

APPLICATION FOR FUNDS/SUPPLIES

Name of Applicant:	Date:	Phone Number:
School:		
Amount Requested:	(Amount should be \$100	or less)
Reason for Request:		
Date When Needed:		
If you are requesting funds for items already to show the specific items purchased. Please	•	provide receipts which are sufficiently detailed ais emailed application.
If you are requesting that we purchase ite	ems, please provide the foll	owing information:
Location where item is to be purchased: _		_
Cost of delivery, if any:		_
How item is to be delivered to you:		
Sufficient description of item so we can b	e sure we are purchasing w	hat you need:
Have you requested money from this fund	d previously?yes	no
If yes, when?		
Please complete this application and retu	rn by email to fumccortez@	ggmail.com
1 This fund is administered by the First United Methodi	ist Church of Cortez but is not limite	d to church members or affiliated teachers.

 $\boldsymbol{2}$ An application is no guarantee that funds will be provided.