



Maryland Avenue Montessori Fund

Allocation Request Form

Name: _____ Date: _____

Email: _____ Phone: _____

Item or Expense (brief name): _____

Amount: _____ Funds needed by: _____

Make Check Payable To: _____

Description of expense:

Who will benefit? Please be as specific as possible about the number and age of the students who will benefit.

How long will the term of funding be?

Budgeted Costs

Please provide an estimated budget, including costs of items available for purchase, quotes for services, estimates for annual maintenance, etc. For multi-year expenses, please estimate expenses for the first three years. (Please attach a budget for complex expenses.)

Are there any other school resources required? (Such as space, staff time, office supplies, etc.) Please specify if so.

Who will be responsible for directing and implementing this project?

Please consult with the school principal to discuss your request, and ask him to write a short recommendation, which you may attach or copy below.

For Fund Use Only

Approved

Signature of President: _____ Date: _____

Denied. Reason:
