

# REQUEST FOR ADDITIONAL REGION 4 ATPE FINANCIAL AID FOR SUMMIT 2011

*Note: Allocation of financial assistance will be based on financial need and amount of funds available.*

Financial aid will be considered to assist locals in sending delegates to the ATPE Summit.  
Applications must be POSTMARKED on or before the 13th of June.  
We are meeting on the 17th of June to go over applications and checks will be mailed that day.

Name of Local: \_\_\_\_\_

Address of Local or Officer: \_\_\_\_\_

Print Name of Person Requesting: \_\_\_\_\_

Office Held: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Print Name of Additional Person Verifying Request: \_\_\_\_\_

Office Held: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount rec'd from State \$ \_\_\_\_\_ Amount of local budget \$ \_\_\_\_\_

Amount of regular Region 4 ATPE Assistance for the Summit \$ \_\_\_\_\_

Additional Amount requested from Region 4 ATPE \$ \_\_\_\_\_

Number of delegates attending \_\_\_\_\_

Date of Request: \_\_\_\_\_

**For monies to be awarded, you must attach a copy of your local unit budget and the May treasurer's report (could be the May bank statement).**

Send Application to: Ron Fitzwater  
5301 Spring Circle Drive  
Pearland TX 77584  
rfitzwater@alvinisd.net

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For Region 4 Use Only

Date Received: \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Awarded \$ \_\_\_\_\_ CK # \_\_\_\_\_

**Budget attached** Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of First officer: \_\_\_\_\_

Signature of Second Officer: \_\_\_\_\_