

ATPE REGION 12 FINANCIAL AID
REQUEST APPLICATION FORM

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 7th of June.** We are meeting the week of June 9th 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 requested from Region 12 \$ _____ Number of delegates attending _____

Date of Request: _____

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

Send Application to: **PATTY RENEAU**
907 LAPORTE DRIVE
WACO, TX 76710
PATTY.RENEAU@WACOISD.ORG

For Region 12 Use Only

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

Budget attached

Signature of First officer: _____

Signature of Second Officer: _____