

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 Applications aid must be POSTMARKED to assist locals on or before **Friday, January 25th, 2019.***

Name of Local: _____

Print Name of Person Requesting: _____

Office Held: _____

Address of Local or Officer: _____

Phone Number (_____) _____

Signature: _____

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: Christina Flores

PO Box 1732

Belton, Texas 76513

* For Region 12 Use Only

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

Budget attached

Signature of First officer: _____

Signature of Second Officer: _____