

Guardian Angel
Request for Funds

Date _____

Name of Student _____

School _____ Teacher/Advisor _____

Parent(s) _____

Amount Requested \$ _____

Reason for Request _____

Staff Member Making Request _____

** Please submit this request form to your building principal*

***** Committee/Organization ONLY *****

Request Approval YES NO

If no, reason _____

Committee Signature _____

Second Signature _____

Date submitted to St. Mary's Church _____

For St. Mary's Use ONLY

Date Request Issued _____

Check Issued To (name) _____

Check Number _____