REQUEST FORM FOR FUNDING/DONATIONS (fill out completely)

Name ________________________________________________________ Contact #: __________________________
e-mail ___________________________________________ Job title/ position: ____________________________
School(s)/ Grade(s) ___________________________________________________ / _______________________

# of students benefiting from request ____________

If not a faculty member, please state organization, club, activity, and how will be served:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

If requesting funds, please state amount & purpose (please be specific): ________________
____________________________________________________________________________________________________

If not for students, how will the community be served? ________________________________
____________________________________________________________________________________________________
Date funds are needed by: ____________ Date funds will be used: ________________

If requesting organizational/ volunteer support, please describe the event & purpose: ________________________________
____________________________________________________________________________________________________

Date/time support is needed ________________________ # of hours ________________________
Type of volunteer: ADULTS STUDENTS BOTH
# of volunteers: ____________ Volunteer duties: ________________________________
Date of request: ________________ Date response needed: ________________________

This request form is for consideration only.

Submit form to:
IAMP mailbox in main office of Islip Middle School. All requests will be reviewed at IAMP general meetings. Please review meeting schedule. Submit requests 30 days prior to scheduled meetings.