

**ENDICOTT TEACHERS ASSOCIATION**  
*Teacher Community Fund*  
**REQUEST FOR FUNDS**

Date\_\_\_\_\_

Your Name\_\_\_\_\_

Your Address \_\_\_\_\_

Your Home Phone Number \_\_\_\_\_

School Building \_\_\_\_\_ Your Position \_\_\_\_\_

School Address and Phone Number \_\_\_\_\_

\_\_\_\_\_

Name of person(s) receiving assistance \_\_\_\_\_

\_\_\_\_\_

What is this person's relationship to the Union-Endicott School District?

\_\_\_\_\_

\_\_\_\_\_

Amount requested \_\_\_\_\_

Describe in detail, the need for this request.

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**Send all requests to Ani Loew at JFS.**