

**Ramapo High School Association of Parents,
Teachers and Students**
Request for APTS Funding



Date:

Name of Staff Member and Department:

APTS member (Y or N):

Department Supervisor's Approval (signature needed):

Principal Travis Smith's Approval (signature needed):

Subject/Activity for which funds are requested and Date of activity (if applicable):

Number of students to benefit from this request:

Amount of request (approximate):

Nature of request: Please give a brief description of how this would help you and/or the students in the area listed above. Attach additional pages and receipts, if needed.

Email Form to: Francesca Ferrara francescaferrara@msn.com