

**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 required):**

**Principal Travis Smith's Approval (signature required):**

**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.***

**Return Form to: Beth Asgarian    bspino@aol.com**