



Gibbsboro Home & School Association Funds Request Form

Please complete the form below and submit it to the HSA so we may review your request with the school administration. We ask that you or a representative attend an HSA monthly meeting at the school so we may discuss your request with the general membership and ask you any questions we may have. After the presentation your request will be either voted on by the Gibbsboro HSA members present at the meeting or we will carry the request in order to obtain additional information. All requests must be submitted at least one week prior to the scheduled Gibbsboro HSA meeting to be considered for the agenda. Please refer to our website for the meeting dates. The HSA does not meet in December.

Please attach any research you have done on the cost of your request. Please be sure to include enough details on your request, i.e. this item is a one-time request, or this item will be used multiple years.

Your Name: _____ Date of Request: _____

Grade Level/Staff Position: _____

Number of Children Benefited: _____ Date Funding Request is Needed: _____

Reason for your Request: _____

I will attend the HSA meeting scheduled for: _____

How the money will be spent:

Items to be Purchased

Estimated Cost

Total Cost:

Request Approved: Yes

No