



Indian Hills High School  
Parent, Teacher, Student Organization  
Request for IHHS-PTSO Funding

Date:

Name of Staff Member and Department:

PTSO member (Y or N):

Department Supervisor's Approval (signature required):

Principal Dr. Gregory Vacca'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: John Underfer [John@Underfer.com](mailto:John@Underfer.com)  
Subject Line: "IHHS-PTSO GRANT – Name Requestor"