

Parents of Performing Students
c/o Gilford High School
88 Alvah Wilson Road
Gilford, NH 03249

This is a request from (circle appropriate school):

Gilford Elementary School Gilford Middle School Gilford High School

Please provide a specific description of your request (include any appropriate documentation, bids/proposals, or supplemental information):

Amount Requested? \$ _____

How many students/teachers do you anticipate will benefit from this donation? _____

*Name and phone number of the representative planning to attend the next POPS meeting:

Name: _____ Phone: _____

Requested By: _____ Date: _____

Principal's Signature: _____

If approved, check should be made to: _____

* Please note: It is very important to have a representative attend the POPS meeting which your request will be submitted to answer questions that may arise.

----- POPS Use Only -----

Date Request was Received: _____ Approved or Denied Date: _____