

PSSA WINGS FUND REQUEST



Phone: Email:	Requestor Name:	
Team Name: (if applicable) Phone: Email: Address: Please describe the recipient's situation, their involvement or association with PSSA and why you believe he/she should be ranted assistance from the PSSA WINGS Fund. (Attach additional pages or support as necessary) FOR PSSA USE ONLY Date request Received: Date Funds Dispersed: Date Approved: Amount Dispersed: proval Signature: Name:	Phone:	Email:
Team Name: (if applicable) Phone:	Recipient Name:	
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