PSSA WINGS FUND REQUEST

Requestor Name: _____

Phone: _____ **Email:** _____

Recipient 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 granted 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:** _____

Approval Signature: _____ **Name:** _____

Approval Signature: _____ **Name:** _____