

Request for ATAD Funding Assistance



Association for Teen-Age
Teen-Age Diplomats

This form is to be completed by an exchange student who would like to request funding assistance from ATAD for a special activity or need. The completed and signed form should be returned no later than two weeks prior to the date of the need or activity.

Mail to: Mary Jane Stark
ATAD Treasurer
41 Triple Diamond Way
Webster, NY 14580

Name of Exchange Student: _____ Name of High School: _____

Host Parents: _____ Address: _____

Telephone: _____ Email: _____

For what activity or need are you requesting ATAD funding assistance? _____

Date of activity or need: _____

Name and address of the sponsor of activity (if applicable): _____

Total cost of activity or need: _____

Contribution from student: _____

Contribution from natural parents: _____

Other sources of support: _____

(e.g. money earned from babysitting, odd jobs, other contributions, etc.)

Amount requested from ATAD: _____

Signature of Exchange Student

Signature of Host Parent

Signature of Program Chair

Signature of Activity Coordinator (if applicable)

Date of request: _____