

Request for ATAD Funding Assistance



Association for 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 2 weeks prior to the date of the activity or need to:

Mr. Dean Ekberg
212 S. Fitzhugh Street
Rochester, NY 14608-2257

Name of Exchange Student: _____

Name of High School: _____

Name of Host Parents: _____

Address: _____

Telephone: _____

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: _____