



DTA Request for Sunshine Funds Application

DTA Member Submitting Application: _____ Date: _____

Describe the circumstances of the request

Indicate the contribution requested and, if appropriate, what it will be used for:

Provide any additional information that may assist in the decision-making process for this request.

Signature of DTA Applicant: _____

Sunshine Committee and/or Executive Board Members' Signatures for Approval:

Sunshine Committee Signature

Date

Treasurer Signature

Date

- Approved
- Denied

Notes: _____
