

REQUEST FOR FUNDING – TRUMANSBURG ALL-SPORTS BOOSTERS CLUB

APPLICANT: Please complete all of Part 1 and submit copy via email to the Athletic Director and Booster President at the beginning of the month – this would allow the Athletic Director and coach to do some research for the requested item before our monthly meeting, the 2nd Thursday of the month.

We cannot authorize anything without the following filled out and submitted through the A.D.

Part 1 – REQUEST

DATE: _____ SPORT: _____
TOTAL AMOUNT REQUESTED: \$ _____

Description of supplies, equipment or other: financial aid asked for: _____

Reason for Request: _____

Was requested funding requested through the regular athletic budget? YES ___ NO ___
If no, why? _____

Was the requested funding cut from school's athletic budget? YES ___ NO ___
When will the team do additional fund raising to supplement this request? _____

Fundraiser and date: _____

How much money will come from other sources? \$ _____

SUBMITTED BY: _____

PART II – REVIEW:

ATHLETIC DIRECTOR: _____

COMMENTS: _____

BOOSTER CLUB ___ APPROVED ___ NOT APPROVED

COMMENTS: _____