

ADA-BORUP BOOSTER CLUB
REQUEST FOR FINANCIAL ASSISTANCE

DATE: _____ GROUP MAKING REQUEST: _____

PURPOSE: _____

TOTAL AMOUNT OF PROJECT: _____

TOTAL AMOUNT REQUESTED: _____

OTHER FUNDING SOURCES: _____

OTHER COMMENTS: _____

SUBMITTED BY: _____

PHONE NUMBER: _____

Amount Approved: _____

Denied: _____

Signature and Date _____

THIS FORM MUST BE SUBMITTED TO SCHOOL ADMINISTRATION
BEFORE THE START OF THE MEETING