

AUBURN BOOSTER CLUB

Request for Funds Application

Please complete and return to Auburn Booster Club at Auburn High School one week before the applicable club meeting.

Cycle: September January April

Date of Application _____ Date Funds Needed _____

Name of Organization/Team _____

Contact Person and Title _____

Phone Number _____ Email _____

List any previous support from ABC in the last 2 years _____

Description of need (attachments accepted) _____

Number of students served _____

Budget

Please list expected costs and funds received or committed from other sources.
 If request is for more than \$500, include at least two written quotes.

| | | Quote - Estimate - | Q E |
|--------------------|----|-----------------------|--------|
| Costs | | | |
| _____ | \$ | _____ | _____ |
| _____ | | _____ | _____ |
| _____ | | _____ | _____ |
| Total | \$ | ===== | |
| Sources of funds | | | |
| Requested from ABC | \$ | _____ | A |
| Other | | _____ | _____ |
| _____ | | _____ | _____ |
| _____ | | _____ | _____ |
| Total | \$ | ===== | |