## **SEWARD HIGH SCHOOL BOOSTER CLUB**

## **REQUEST FOR FUNDING**

Applicant(s)	Date	
Position(s)	Subject	
Phone	_ Email Address	
Project Title		
Please describe what you are requestir please include a picture or additional s	ng the funding for. Please be specific – if p sheets if appropriate.	ossible
Applicant signature	Date	
Principal/AD signature	Date	
Please submit this completed request t	form to the CUC Principal or Activities Div	octor

Please submit this completed request form to the SHS Principal or Activities Director. The Booster Club meets on the last Wednesday of each month that school is in session (Sept. – May.) Meetings begin at 7:00 pm in the SHS West Cafeteria.

You are asked to attend the Booster Club meeting to present your request.