

Eddyville Booster Club

Application to Request Funds

Date: _____

Name of Applicant: _____

Class to benefit from funds: _____

Grade Level request will benefit: _____

Date of Activity: _____

Educational goals to be achieved by this request: _____

Amount requested: _____

Funds requested to be used for: (circle one please)

- Classroom Equipment
- Field Trip and Destination
- Classroom Supplies
- Other: (please identify request)

Please provide a brief description of how funds will be used:

Is request being joint funded by Eddyville Charter School or another organization? Yes _____ No _____

If so please name organization/school and amount you will receive. _____

Signature of Applicant

Principal's Signature

Date

Principal's signature is required to approve activity at the school level.

Please place your request with complete signatures in Eddyville Booster mail box. You will be notified from EBC of their decision within five (5) days of receipt of request.

Please do not request funds from individual Booster Club members. This form must be presented to receive consideration.

Request Approved: _____ Date: _____ Amount Granted: _____

Request Denied: _____ Date: _____

Booster Club Approval Signature: _____