

Troy Trojan Boosters - Funding Request Form

Name of club making request _____

Requested by (Club Rep/Coach) _____

Describe Item(s) to be funded _____

Describe how the item(s) will be used _____

How many THS students will benefit from the funding? Boys _____ Girls _____

Will the funds being requested be used to match funds from another source? Yes _____ No _____

If yes, please list the name of the source and a source representative and phone number.

If no, what efforts have been made to obtain funds from other sources?

Supplier Name _____

Address _____

Contact Name _____ Phone _____

Total \$ amount being requested _____

(Please attach copies of quotes or bids)

For Booster Club Use Only

Funding amount approved by the Booster Club \$ _____ Date Approved: _____

Booster President

Booster Vice President

Booster Secretary

Booster Treasurer