TROJAN ACTIVITIES BOOSTER GROUP
Request For Financial Assistance

(Requests must be approved by Executive Committee
-please allow 2-4 weeks minimum lead time **)

Group Name: _____

Coach/Advisor: _____

Amount Requested: _____

Assistance Requested: _____
(ex: help selling concessions)

Date Needed **: _____

Other funding available: _____

Purpose (please explain what the funds will be used for, who will benefit and any other information that will assist our committee in determining the level of support we can give. Please note that funds are given only to students actively participating in activity.)

_____

_____

_____

_____

_____ _____
Coach/Advisor Signature Date

_____ _____
Principal Approval Date

****

For Booster Use Only

Support Given: _____ Group Notified: _____

Approved by Board: _____

Officer Signature: _____ Date: _____