



# 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: \_\_\_\_\_