

GK BOOSTER CLUB

WWW.GKBOOSTER.COM



Request for Funds Application

PLEASE ALLOW APPROX. (3) THREE WEEKS TO PROCESS APPLICATION

Date: _____

Applicants Name: _____

Phone: _____ **Email:** _____

Program/Project Title: _____

Is this a continuation of an existing program/project? YES ___ NO ___

Start Date: _____ **Ending Date:** _____

Describe how the program/project will be used to promote the health, welfare, safety and education of the children and youth in either the home, school or community?

Proposed Program/Project Budget

Is there an existing budget item for this? (circle one) YES NO

| <u>Expenses</u> | <u>Income</u> |
|---------------------------|---------------------------|
| Materials \$ _____ | Donations \$ _____ |
| Equipment \$ _____ | Grants \$ _____ |
| Other \$ _____ | Fees \$ _____ |
| Total \$ _____ | Other \$ _____ |

TOTAL AMOUNT OF FUNDS REQUESTED \$ _____

**Please return completed form to a GK Booster Club Officer
Additional comments may be attached
All fund applicants are encouraged to present their plan in person**