

# 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?**

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### Proposed Program/Project Budget

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

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

**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**