INTERLAKE HIGH SCHOOL BOOSTER CLUB
NEED BASED SCHOLARSHIP FUNDING REQUEST FORM

Date: _____

Sport/Activity: _____ Coach: _____

Phone: _____

ITEMS NEEDED (list in order of priority, attach a separate sheet if necessary):		**AMOUNT**
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
TOTAL OF ITEMS:	**$**	_____
Less funds from ASB or other	**$**	_____
AMOUNT REQUESTED FROM BOOSTER CLUB	**$**	_____

All request forms must be completed, signed by the Coach and the Athletic Director and given to the Booster President or Treasurer.

APPROVAL: _____ _____

Coach **Athletic Director**

_____

President – IHS Booster Club