



FHAB FUNDS REQUEST FORM

Please complete this form and email it to: admin@fhsathleticbooster.org

Date of Request: _____

Coach/Booster Sports Representative Making Request: _____

Sport/Team: _____

Amount Requested from FHAB: _____

Date Funds Are Needed: _____

How much has your team already raised specifically for this need? _____

How much will your team contribute toward this request? _____

Number of student-athletes/participants on your team this year? _____

DETAILS OF THE FUNDING REQUEST AND WHY IT IS NEEDED:

Please circle YES or NO

- | | | |
|--|------------|-----------|
| • Is this request necessary for your team/sport to operate or compete? | YES | NO |
| • If yes, has the FHS Athletic Director/Administration been asked whether the school can help fund it? | YES | NO |
| • Has your team conducted specific fundraising for this need/request? | YES | NO |
| • If no, does your team currently plan to fundraise for this need/request? | YES | NO |
| • Have you requested any funds from the FHAB Director Fund? | YES | NO |
| • Has your team volunteered/assisted at a main FHAB spring or fall fundraiser? | YES | NO |

Please note: FHAB funds are limited, and submitting a request does not guarantee approval. Each request will be reviewed individually based on the need, available funds and benefit to the team. FHAB is intended to supplement critical or supportive team needs. Whenever possible, teams are encouraged to fundraise and/or contribute a portion of the cost.

BOARD MEMBER APPROVAL AND DATE:

Board Member Name: _____ Date: _____

Motion/Approval: _____ Date: _____

Amount Approved: _____ Date: _____ Payment: Check / Transfer