



FHAB FUNDS REQUEST FORM

Please fill out this form and submit via email to; admin@fhsathleticbooster.org

Date Request: _____

Coach/Booster Sports Representative making request: _____

Team Sport: _____

Amount of Requested Funds Needed from FHAB: _____

Deadline for Request: _____

How much has your team fundraised for this need? _____

What total amount does your team plan to contribute to this request? _____

How many participants do you have on your team this year? _____

DETAILS OF SPECIFIC REQUEST FOR FUNDING AND WHY:

Please circle YES or NO

- | | | |
|---|-----|----|
| • Is this request a 'necessary' item to operate your team sport? | YES | NO |
| • If yes to above, have the AD at FHS been asked to financially help? | YES | NO |
| • Have the team done specific fundraising for this need/request? | YES | NO |
| • If no, do you 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 the main FHAB spring
or fall fundraiser? | YES | NO |

Please note that funds are limited and the request may or may not be approved. FHAB will see each request as an individual need but it is highly recommended that the Team/sport raises some of their own funds as well to accomplish their goal. FHAB is meant to help **supplement** needs/requests that are deemed critical and supportive for the team.

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BOARD MEMBER APPROVAL AND DATE:

Name: _____ Date: _____

Motion: _____ Date: _____

Amount approved: _____ Date: _____ Check or Transfer

