

**Serra High School Foundation  
Athletic Request for Grant**

Grant Year:

Fall       Winter       Spring

Requestor's Name:  (First and Last)	Position:  (i.e. Coach, Teacher, Student, Parent)	Phone and email:
Sport:	Level: <input type="checkbox"/> Freshmen <input type="checkbox"/> JV <input type="checkbox"/> Varsity  Or other _____	Amount Requested: \$  <i>Vendor quote/pricing must be attached to this Request</i>

**REQUESTED ITEMS**

Item	Date Last Purchased (if applicable)	Quantity Requested	Reason for Purchase	Total Cost	# of Players this Benefits
Team Uniforms				\$	
Practice Uniforms				\$	
Equipment				\$	
1.				\$	
2.				\$	
3.				\$	

**TOURNAMENTS AND FEES**

Tournament Name	Date of Event	Date Needed	Fee	# of Players this Benefits
1.			\$	
2.			\$	
Referee/Official Fees				

**OTHER REQUESTS**

Item	Reason	Cost	# of Players this Benefits
		\$	

**FUNDRAISING EFFORTS**

Fundraiser:	Date:	Amount Raised: \$
Fundraiser:	Date:	Amount Raised: \$

**REQUIRED APPROVALS**

Athletic Director	Comments:
Principal	Comments:

**GRANT COMMITTEE ONLY**

<input type="radio"/> Approved      Amount: \$	<input type="radio"/> Denied. Reason:
Comments:	<div style="display: flex; justify-content: space-between;"> <span>Grant Committee Chair Signature</span> <span>Date</span> </div>