



Funding Request Form

Today's Date: _____

Group Name: _____

Faculty Sponsor: _____

Contact Phone No: _____ E-mail: _____

How will the funding of this request be used to support academics at Washington High School?

Total dollar amount requested? Please be specific. List items or services requested, including quantity, amount and supplier. (Additional sheets may be used if you need more room for your request.)

Have you requested funds from another source to fund this request? If so, list who the request was made to and what was their response.

Date funds will be needed: _____

(Funding requests may be submitted at any time but should be submitted at least 30 days prior to intended use of funds; otherwise we cannot guarantee timely consideration.)

We shall make the check payable to: _____

Other comments to help support this request:

Remit to:

Academic Booster Club Mailbox
Washington High School
600 Blue Jay Drive
Washington, MO 63090

Or Fax to: 636-231-2165
Attention: Academic Booster Club

or e-mail: Rick.Schwentker@washington.k12.mo.us