

Franklin Pierce Booster/Alumni Club

Franklin Pierce High School
11002 18th Ave East Tacoma, WA 98445

Application for request of funds

Date: _____ Organization Requesting Funds _____

Coach _____

Club Parent _____

Phone Number () _____ - _____

Date Funds are needed _____ Total Amount Requested _____

Reason for request of funds. (Please explain) If more explanation is needed, please use back of form.

Circle One

1. Booster club member (Yes or No)
2. Can funding be obtained elsewhere? (Yes or No)
3. First time request for funds? (Yes or No)
4. Is this the total amount needed for item/project? (Yes or No)
5. Only source of funding booster club? (Yes or No)
6. Have you inquired about funding from other sources?(Fundraisers, etc.) (Yes or No)
7. Consider lesser amount than requested? (Yes or No)
If yes, how much? \$ _____

Booster Club/Alumni	Notes/ Comments

Funds Approved _____ Funds Denied _____ Lesser Amount Approved _____

Date _____ President Signature _____