

PALISADES HIGH SCHOOL
BOOSTER CLUB, INC.

Palisades Booster Club Grant Requests



The Booster Club is a volunteer organization of parents who are dedicated to supporting the students and teachers at Palisades Charter High School.

If you would like financial assistance for your special activities, events, programs or materials then please apply for a grant from us.

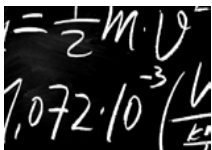
Amount requested: _____ **For:** _____

of students directly benefitting: _____

Briefly describe the expected benefits of this grant, and how you will evaluate the educational impact of the requested funds:



How does the proposed expenditure enhance, augment, or expand on existing PCHS resources / activities?



[application continues on reverse]

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Is the amount requested (check one) [] a one-time request, or [] a recurring need?

If this is a 'recurring need'...please explain when you would again need funding (e.g., does this need occur every school year?):

When do you need to have a decision from the Booster Club about this request? (if the funds requested can be committed in partial amounts at different points in the year, please list when you need to know, by \$ amount, in the relevant months—thanks.)

Sep _____ Oct _____ Nov _____ Dec _____ Jan _____ Feb _____
Mar _____ Apr _____ May _____ June _____ July _____ Aug _____

The Booster Club favors grant requests in which at least one-half of the total funds needed are provided through other sources. Please list the total cost of the labor/materials you need, and all sources of funding:

TOTAL COST	\$ _____
Funding / in-kind donations from _____	\$ _____
Funding / in-kind donations from _____	\$ _____
Funding / in-kind donations from _____	\$ _____
Proposed grant from Booster Club	\$ _____

If the proposed Booster Club funding, above, is not fully available, what is your back-up plan to either raise additional funds, or reduce the total amount of \$ needed?

Requestor: _____ Phone: _____

Class, Club, Sport or Other: _____ Department / Room #: _____ / _____

E-mail address: _____ Date: _____

In order to promote good communication within the school community, please ask your immediate supervisor to sign below confirming his/her awareness of this request. Please note a signature is not required to confirm your supervisor's approval of this request, but merely their awareness.

Supervisors Signature

Please either

- a) Deliver a hard copy to the Booster Club mailbox in the Main Office or
- b) Bring the completed form to any Booster Club meeting.

Your request will be considered at the next Booster Club meeting, and we strongly encourage applicants, and students who will benefit from a grant, to participate in the discussion of your request. Completion of this form is highly recommended, but not required. Thank you for your enthusiasm and initiative in serving our school community!