



**OFFICIAL USE ONLY!**  
Date Reviewed: \_\_\_\_\_  
 Approved  
 Denied

**EVERETT ALVAREZ ATHLETICS BOOSTER CLUB  
FUNDING REQUEST FORM**

Date Submitted: \_\_\_\_\_ EAHS Athletic Team: \_\_\_\_\_

Program Head Coach: \_\_\_\_\_

Contact Phone # and Email: \_\_\_\_\_

Purpose of funds that are being requested (include any supporting documentation):

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Amount requesting: \$ \_\_\_\_\_ Date funds needed: \_\_\_\_\_

Please summarize how the funds will be used to benefit EAHS athletics and the students who participate in your sport:

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Will the funds requested be used to match funds from another source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the source and status of matching funds:

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What efforts have been made to obtain funds from other sources, including student fund raised activities through ASB?

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How much money towards this request has your team raised? \$ \_\_\_\_\_

Has your team shown support for the EAABC by volunteering to work at events sponsored by the EAABC and/or membership in the organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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