



JLHS SPORTS BOOSTER CLUB

Request for Funds

Mission: To positively impact and enhance the experiences of each student and student athlete in our Jonathan Law Family.

Please complete all fields below and email to judybethpincus@gmail.com Requests will be reviewed monthly. Please allow 4 weeks for review.

Date:		Sport:	
Name of Requestor:			
Requestor Email & Phone:			
Description of Request:			
Number of Student Athletes that will benefit:			
How does it align with the Booster Club Mission?:			
Amount Requested:	\$	Total Cost of Program:	\$
List Other Funding Sources including team fundraising:			
How will you promote the JLHS Booster Club if funds are granted?			
Date Funds Needed:			
Signature of Varsity Coach:			

To Be Completed by JLHS Sports Booster Club:

Date Reviewed:		Approved or Denied:	
Signature:			
Amount Approved:	\$	Payable To:	
Notes:			