



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Daviana Langley Date: 11/18/24  
 Club Name: Freshmen class  
 Acct. No.: \_\_\_\_\_ Acct. Balance to Date: 0

Type of Fund Raiser: Bake Sale/ Snack Sale  
 Purpose of Fund Raiser: to raise funds for the freshmen class

Start Date of Project: 12/1/24 Completion Date of Project: ~~12/1/24~~ 10/24/24  
 Date of Sale(s).....From: 12/24 To: 10/24/24

Sale Area/Location: VHS  
 Sale will be monitored by: Daviana Langley

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>D. Langley</u>	Date: <u>11/18/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Dayana Langley Date: 11/18/24  
 Club Name: Freshmen class  
 Acct. No.: \_\_\_\_\_ Acct. Balance to Date: 0

Type of Fund Raiser: Hot chocolate and cookie grani  
 Purpose of Fund Raiser: to raise funds for the freshmen class

Start Date of Project: 12/1/24 Completion Date of Project: 3/30/24  
 Date of Sale(s).....From: 1/2/24 To: 3/30/24

Sale Area/Location: VHS  
 Sale will be monitored by: Dayana Langley

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/13/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Danana Langley Date: 11/25/24  
 Club Name: Freshmen class  
 Acct. No.: 7730 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Birthday cards  
 Purpose of Fund Raiser: raise funds for freshmen class.

Start Date of Project: Dec. 2024 Completion Date of Project: June 24, 25  
 Date of Sale(s).....From: Dec. 2024 To: 6/24/25

Sale Area/Location: VHS  
 Sale will be monitored by: Danana Langley

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>D. Langley</u>	Date: <u>11/25/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/26/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Dayana Langley Date: 11/25/24  
 Club Name: Freshmen class  
 Acct. No.: 7230 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Cookie Gram (St. Patrick's day)  
 Purpose of Fund Raiser: Raise funds for the freshmen class.

Start Date of Project: 3/2024 Completion Date of Project: 3/31/25  
 Date of Sale(s).....From: 3/2024 To: 3/31/25

Sale Area/Location: VHS  
 Sale will be monitored by: Dayana Langley

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ \_\_\_\_\_  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/25/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/26/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>11/27/24</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): JENN BRUBAKER & Tom O'Reilly Date: 11/20/24

Club Name: Sophomore class of 2027

Acct. No.: 2229 Acct. Balance to Date: 1,026

Type of Fund Raiser: Bake Sale

Purpose of Fund Raiser: raise \$ for class of 2027

Start Date of Project: Jan 17 Completion Date of Project: —

Date of Sale(s): From — To: —

Sale Area/Location: Rock + front

Sale will be monitored by: Mrs. Brubaker + Mr. O'Reilly

\*\*\*\*\*ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD\*\*\*\*\*

Vendor Representative's Name: Donations

Vendor Business Name: —

Vendor Address: —

City: — State & Zip code: —

Unit Cost of Product/Service: \$ —

Proposal Sale Price: \$ 1-2 / item

Total Cost of all Products Not to Exceed: \$ —

Minimum Total Profit Expected: \$ 100-200

### Faculty Advisor Signature

Signature: [Signature] Date: 11/20/24

### Vice Principal Signature

Signature: [Signature] Date: 11/27/24

### School Treasure Signature

Signature: [Signature] Date: 11/27/24

### Placed on BOE Meeting Agenda for:

Month: — Year: — Approved: YES  NO  By: —