



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Jessica, Tripp, Scott Date: 6/23/26
Club Name: _____
Acct. No.: _____ Acct. Balance to Date: _____

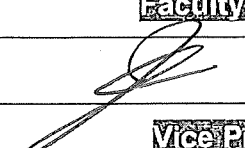
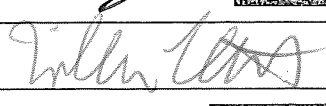
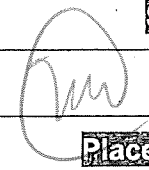
Type of Fund Raiser: Scavenger hunt
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

***** 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: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Mr. UHS
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: Senior class advisors

***** 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: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: type-a-staff-member
Purpose of Fund Raiser: to raise funds for senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: to raise funds for senior class

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

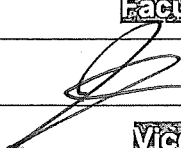
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko E. Tripp Jessica Scott Date: 6/27/26

Club Name: Senior class

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: dodgeball tournament

Purpose of Fund Raiser: to raise funds for senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027

Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS

Sale will be monitored by: senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

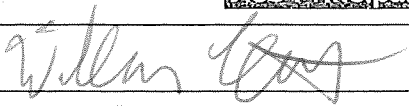
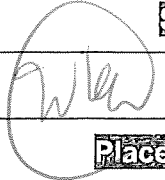
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/27/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Carnival with dunk tank
Purpose of Fund Raiser: to raise funds for senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: Senior class advisors

***** 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: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko E. Tripp Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Candy grams
Purpose of Fund Raiser: to raise funds for senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: Senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

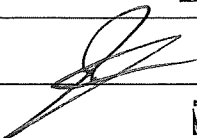
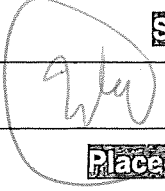
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko E. Tripp Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Dine to Donate
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: JUNE 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

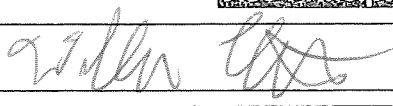
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko E. Tripp Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Senior apparel
Purpose of Fund Raiser: to raise funds for the Senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: Senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

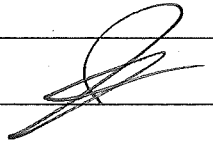
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Bake sale
Purpose of Fund Raiser: to raise funds for the
Senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: Senior class advisors

***** 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: \$ _____

Faculty Advisor Signature

Signature: _____

Date: 6/23/26

Vice Principal Signature

Signature: _____

Date: 6/23/26

School Treasurer Signature

Signature: _____

Date: 6/23/26

Placed on BOE Meeting Agenda For

Month: _____ Year: _____ Approved: ☐ YES ☐ NO

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, T. E. Tripp, Jessica Scott Date: 6/23/26
Club Name: Senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: snack sale
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

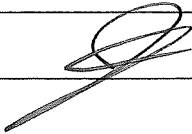
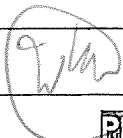
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: car wash
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

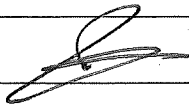
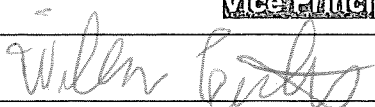
City: State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: 	Date: <u>6/23/26</u>
Vice Principal Signature	
Signature: 	Date: <u>6/23/26</u>
School Treasurer Signature	
Signature: 	Date: <u>6/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Nyarko, E. Tripp, Jessica Scott. Date: 6/23/26
Club Name: senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Movie night / drive in movie
Purpose of Fund Raiser: to raise funds for the senior class.

Start Date of Project: Sept 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: Sept 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

***** 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: \$ _____

Faculty Advisor Signature

Signature: _____

Date: 6/23/26

Vice Principal Signature

Signature: _____

Date: 6/23/26

School Treasurer Signature

Signature: _____

Date: 6/23/26

Placed on BOE Meeting Agenda For:

Month: _____ Year: _____ Approved: ☐ YES ☐ NO

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Nyarko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: senior parking spots
Purpose of Fund Raiser: to raise funds for the senior class

Start Date of Project: August 2026 Completion Date of Project: June 2027
Date of Sale(s).....From: August 2026 To: June 2027

Sale Area/Location: UHS
Sale will be monitored by: senior class advisors

***** 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: \$ _____

Faculty Advisor Signature

Signature: _____

Date: 6/23/26

Vice Principal Signature

Signature: _____

Date: 6/23/26

School Treasurer Signature

Signature: _____

Date: 6/23/26

Placed on BOE Meeting Agenda For

Month: _____ Year: _____ Approved: ☐ YES ☐ NO

By: _____