UNION HIGH SCHOOL
STUDENT ACTIVITIES
FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Marko, E. Tripp, Jessica 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: 6/27/26
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, 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: 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. Lyarko, E. Tripp, Jessica Scott Date: 6/23/26
Club Name: senior class
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: tape-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: 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. Kyarko 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: 6/27/26
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, 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: 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. Nuparko 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: 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): Mijarko 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: 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. Myarko 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: 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. Lyarko, 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, F. 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: 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. Lyarko, 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: 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): Nyarko, J. Tripp, E. Scott, Jessica 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. Myarko, 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: