

2025

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladino Date: 4/23/25

Club Name: Key Club

Acct. No.: #46 Acct. Balance to Date: _____

Type of Fundraiser: Annual Friendship Bracelet making Event

Purpose of Fundraiser: Fundraise money for Annual Convention (DECON)

What are you selling? Tickets to the event

Start Date of Project: June 2025 Completion Date of Project: June 2025

Date of Sale(s): From June 2025 To: June 2025

Sale Area/Location: Library

Sale will be monitored by: Julia Saladino

*****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: Julia Saladino Date: 4/23/25

(Vice) Principal Signature

Signature: [Signature] Date: 5/6/25

School Treasure Signature

Signature: [Signature] Date: 5/5/25

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dana Bobertz

Date: 4/30/2025

Club Name: Farmer Fam/UMatter

Acct. No.: 2226/2005

Acct. Balance to Date: \$79.66/\$356.44

Type of Fund Raiser: End of year tailgate

Purpose of Fund Raiser: to celebrate the end of the school year and raise money for future events to unify and grow our UHS and TUPS communities

Start Date of Project: June 12, 2025

Completion Date of Project: June 12, 2025

Date of Sale(s): From June 12, 2025

To: June 12, 2025

Sale Area/Location: UHS Practice Field

Sale will be monitored by: Dana Bobertz

***** 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: 4/30/25

Vice Principal Signature

Signature: _____

Date: 5/1/25

School Treasure Signature

Signature: _____

Date: 4/30/25

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____

Approved: ☐ YES ☐ NO

By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARKO Date: 4/29/25

Club Name: PROM

Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: SENIOR BANQUETS

Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

Start Date of Project: May 2025 Completion Date of Project: June 2025

Date of Sale(s).....From: MAY 2025 To: JUNE 2025

Sale Area/Location: UHS

Sale will be monitored by: Marko

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

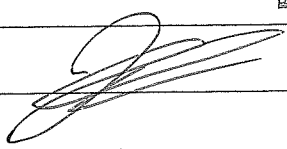
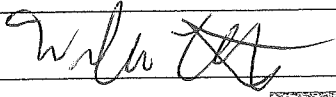

City: State & Zip code: _____

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>4/29/25</u>
Vice Principal Signature	
Signature: 	Date: <u>4/30/25</u>
School Treasurer Signature	
Signature: 	Date: <u>4/30/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): NYARKO & TRIPP Date: 4/29/25
Club Name: JUNIOR CLASS
Acct. No.: 2225 Acct. Balance to Date: _____

Type of Fund Raiser: DUNK TANK
Purpose of Fund Raiser: TO RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: MAY 2025 Completion Date of Project: JUNE 2025
Date of Sale(s).....From: MAY 2025 To: JUNE 2025

Sale Area/Location: UHS
Sale will be monitored by: JUNIOR CLASS ADVISORS

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

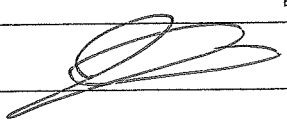
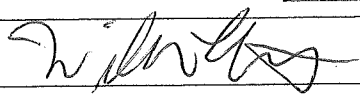

City: State & Zip code: _____

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>4/29/25</u>
Vice Principal Signature	
Signature: 	Date: <u>4/30/25</u>
School Treasurer Signature	
Signature: 	Date: <u>4/30/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____