



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYAIKO Date: 10/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: ART SHOW

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025
Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL
Sale Area/Location: UNION HIGH SCHOOL
Sale will be monitored by: ERIC TRIPP + JADA NYAIKO

***** 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: [Signature] Date: 10/09/2024

Vice Principal Signature
Signature: [Signature] Date: 10/10/24

School Treasure Signature
Signature: [Signature] Date: 10/10/24

Placed on BOE Meeting Agenda for:
Month: _____ Year: _____ Approved: YES NO By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYACKO Date: 10/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: KARAOKE NIGHT

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025
Date of Sale(s): From BOE APPROVAL To: LAST NIGHT OF SCHOOL
Sale Area/Location: UNION HIGH SCHOOL
Sale will be monitored by: ERIC TRIPP + JADA NYACKO

***** 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: [Signature] Date: 10/09/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ETHEL TRIPP & JADA NYARKO Date: 10/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: JUNIOR CLASS DANCE

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ETHEL TRIPP + JADA NYARKO

*****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: [Signature] Date: 10/09/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 10/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: ESCAPE ROOM

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

***** 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: [Signature] Date: 10/09/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 10/09/2024

Club Name: JUNIOR CUSS

Acct. No.: 2228 Acct. Balance to Date: \$ 0.00

Type of Fund Raiser: VIDEO GAME TOURNAMENT

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CUSS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

***** 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: [Signature] Date: 10/09/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 10/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: DODGE BALL TOURNAMENT

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

***** 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: \$ _____

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Faculty Advisor Signature

Signature: [Signature] Date: 10/09/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 10/10/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: CANDY GRAMS

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: _____

Sale will be monitored by: _____

***** 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: [Signature] Date: 10/10/2024

Vice Principal Signature

Signature: [Signature] Date: 10/10/24

School Treasure Signature

Signature: [Signature] Date: 10/10/24

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRAPP + JADA NYARKO Date: 10/10/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: TAPE - A - TEACHER

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 11/2024 Completion Date of Project: 06/2025

Date of Sale(s): From BOE APPROVAL To: END OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRAPP + JADA NYARKO

***** 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: \$ _____

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Signature: [Signature] Date: 10/10/24

School Treasure Signature

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