



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

### Applicant Information

Faculty Member (s): Julia Saladino Date: 9/16/24  
 Club Name: Key Club  
 Acct. No.: 46 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Movie/crafts  
 Purpose of Fund Raiser: Raise money for yearly convention

Start Date of Project: Dec 1 2024 Completion Date of Project: Dec 23 2024  
 Date of Sale(s).....From: Nov 2024 To: Dec 2024

Sale Area/Location: L105  
 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: \$ 100

<b>Faculty Advisor Signature</b>	
Signature: <u>Julia Saladino</u>	Date: <u>9/16/24</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>9/23/24</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>9/25/24</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): ERIC TRAPP + JADA NYARKO Date: 09/19/2024

Club Name: JUNIOR CLASS

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

Type of Fund Raiser: BAKE SALES

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 10/2024 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 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: \$ \_\_\_\_\_

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

Minimum Total Profit Expected: \$ \_\_\_\_\_

### Faculty Advisor Signature

Signature: [Signature] Date: 09/19/2024

### Vice Principal Signature

Signature: [Signature] Date: 9/25/24

### School Treasure Signature

Signature: [Signature] Date: 9/23/24

### Placed on BOE Meeting Agenda for:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Approved: YES  NO  By: \_\_\_\_\_