



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Jennifer Brubaker Date: 9/15/25

Club Name: CIO 2028 Sophomores

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

Type of Fund Raiser: candy / snack sales

Purpose of Fund Raiser: raise \$ for cio 2028

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/25

Date of Sale(s): From _____ To: _____

Sale Area/Location: UHS student sales / home

Sale will be monitored by: Mrs. Brubaker

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

Vendor Representative's Name: _____

Vendor Business Name: old fashion candy / costco

Vendor Address: P.O. Box 3367 Evansville, IN 47732 / 1055 Hudson St

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ 71/box

Proposal Sale Price: \$ 120/box

Total Cost of all Products Not to Exceed: \$ 1,500

Minimum Total Profit Expected: \$ 1,000

Faculty Advisor Signature

Signature: [Signature] Date: 9/15/25

Vice Principal Signature

Signature: [Signature] Date: 10/6/25

School Treasure Signature

Signature: [Signature] Date: 10/6/25

Placed on BOE Meeting Agenda for:

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

Union,
NJ
07083



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Jennifer Brubaker Date: 9/15/25

Club Name: C/O 2028 Sophomores

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

Type of Fund Raiser: Bake sales

Purpose of Fund Raiser: raise \$ for class of 2028

Start Date of Project: 11/3/25 Completion Date of Project: 6/1/25

Date of Sale(s): From 11/3, 1/14, 4/23, 6/1 To: _____

Sale Area/Location: VHS

Sale will be monitored by: Mrs. Brubaker

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

Vendor Representative's Name: n/a

Vendor Business Name: n/a

Vendor Address: n/a

City: n/a State & Zip code: n/a

Unit Cost of Product/Service: \$ Donations

Proposal Sale Price: \$ _____

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

Minimum Total Profit Expected: \$ 300

Faculty Advisor Signature

Signature: [Signature] Date: 9/15/25

Vice Principal Signature

Signature: [Signature] Date: 10/6/25

School Treasure Signature

Signature: [Signature] Date: 10/6/25

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dayana Langley Date: 10/1/25
Club Name: Freshmen class
Acct. No.: 2529 Acct. Balance to Date: _____

Type of Fund Raiser: Bake sale / snack sale
Purpose of Fund Raiser: to fundraise for the freshmen class

Start Date of Project: 10/2025 Completion Date of Project: June 2026
Date of Sale(s).....From: 10/15/2025 To: 6/12/2026

Sale Area/Location: UHS
Sale will be monitored by: Dayana Langley

***** 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: <u>D. Langley</u>	Date: <u>10/1/25</u>
Vice Principal Signature	
Signature: <u>Willie</u>	Date: <u>10/6/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>10/6/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____