



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): V.Menjivar Today's Date: 9/11/2025 Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: Year Round

Type of Fund Raiser: Snack/Chocolate Sales

Purpose of Fund Raiser: To raise funds for Student Council and future events

Start Date of Project: September 2025

Completion Date of Project: June 2026

Date of Sale(s): From September 2025 To: June 2026

Sale Area/Location: UHS

Sale will be monitored by: Victoria Menjivar (Student Council Advisor)

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s: Piryilis

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service:

Proposal Sale Price: Snacks are usually sold at \$2.00 each

Total Cost of all Products Not to Exceed: ≈> 500.00 per purchase

Minimum Total Profit Expected: ≈\$200.00

Signature: [Signature] Faculty Advisor Signature

Date: 9/11/25

Signature: [Signature] Vice Principal Signature

9/16/25

Signature: [Signature] School Treasure Signature

10/6/25

Placed on BOE Meeting Agenda for:

Month:	Year:	Approved: YES NO	By:
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# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): V.Menjivar

Date: 9/11/2025

Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: 10/2025

Type of Fund Raiser: Homecoming Game

**Purpose of Fund Raiser:** To not only raise funds for Student Council and future events but to provide students with a safe enjoyable school event/activity.

- Decorations and Items for Coronation will be purchased from Stop & Shop, Norma's Flowers, Amazon, Home Depot & Fabiana Aparicio

- Eye Blacks will be sold at \$1.00/set

Start Date of Project: September 2025

Completion Date of Project: October 2025

Date of Sale(s): From October 2025

To: October 2025

Sale Area/Location: UHS Football Field

Sale will be monitored by: Victoria Menjivar

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s: Stop & Shop, Norma's Flowers, Amazon, Home Depot & Fabiana Aparicio

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service: \$2,500 for Bleacher decorations, Backdrop, Coronation items & Eye blacks

Proposal Sale Price: EyeBlacks \$1.00 set

Total Cost of all Products Not to Exceed: \$2,500

Minimum Total Profit Expected: Eyeblacks Profit ≈\$50.00; No profit on décor + coronation items

Signature: \_\_\_\_\_

Faculty Advisor Signature

Date: 9/11/2025

Signature: Date: \_\_\_\_\_

Vice Principal Signature

9/16/25

Signature: Date: \_\_\_\_\_

School Treasure Signature

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): V.Menjivar

Today's Date: 9/11/2025

Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: October/November 2025

Type of Fund Raiser: Homecoming Dance

Purpose of Fund Raiser: To provide students and the community with a safe enjoyable school event/activity.

- Entrance \$7/pp

Start Date of Project: October/November 2025

Completion Date of Project: November 2025

Date of Sale(s): October 2025

From To: November 2025

Sale Area/Location: UHS Big Gym

Sale will be monitored by: Victoria Menjivar

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s:

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service:

Proposal Sale Price: \$7.00/entrance

Total Cost of all Products Not to Exceed: \$6,000

Minimum Total Profit Expected: \$800.00

Signature: \_\_\_\_\_

Faculty Advisor Signature

Date: 9/1/2025

Signature: \_\_\_\_\_

Vice Principal Signature

9/16/25

Signature: \_\_\_\_\_

School Treasure Signature

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): V.Menjivar Today's Date: 9/11/2025 Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: 12/2025

Type of Fund Raiser: Holiday Grams

Purpose of Fund Raiser: To not only raise funds for Student Council and future events but to provide students with a safe enjoyable school event/activity.

- The holiday grams will be hand crafted with items purchased from Oriental Trading/Amazon
- Holiday Grams will be sold at \$2.00/each

Start Date of Project: November 2025

Completion Date of Project: December 2025

Date of Sale(s): From

To:

Sale Area/Location: UHS

Sale will be monitored by: Victoria Menjivar (Student Council Advisor)

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s: Oriental Trading/Amazon

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service:

Proposal Sale Price: \$2.00/each

Total Cost of all Products Not to Exceed: \$1,000

Minimum Total/Profit Expected: \$300.00

Signature: [Signature]

Faculty Advisor Signature

Date: 9/11/2025

Signature: Date: [Signature]

Vice Principal Signature

9/16/25

Signature: Date: [Signature]

School Treasure Signature

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): V.Menjivar Today's Date: 9/11/2025 Club Name: Student Council

Acct. No.: 2053

Acct. Balance to Date:

Event Date: 12/22/2025

Type of Fund Raiser: Door Decorating Contest

Purpose of Fund Raiser: To provide students with a safe enjoyable school event/activity which promotes SEL

- Winners will get a pizza party

Start Date of Project: November/December 2025

Completion Date of Project: Date of Sale(s): From To: 12/22/2025

Sale Area/Location: UHS

Sale will be monitored by: Victoria Menjivar (Student Council Advisor)

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

Vendor Representative's Name:

Vendor Business Name: Expected Vendor/s:

Vendor Address:

City: State & Zip code:

Unit Cost of Product/Service: Expected Unit cost of Product/Service:

Proposal Sale Price:

Total Cost of all Products Not to Exceed: \$500.00

Minimum Total Profit Expected: No profit

Signature: \_\_\_\_\_

Faculty Advisor Signature

Date: 9/11/2025

Signature: Date: \_\_\_\_\_

Vice Principal Signature

Signature: Date: \_\_\_\_\_

School Treasure Signature

Placed on BOE Meeting Agenda for:

Month:

Year:

Approved: YES NO

By:



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Ashley Carr Date: 9/11/25

Club Name: Dance / Union High School Dance Team

Acct. No.: 2083 Acct. Balance to Date: —

Type of Fund Raiser: Pretzels

Purpose of Fund Raiser: Raise money for competition costumes transportation

Start Date of Project: 12/1/25 Completion Date of Project: 12/12/25

Date of Sale(s): From 12/1/25 To: 12/12/25

Sale Area/Location: Union High School

Sale will be monitored by: Ashley Carr

\*\*\*\*\* 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: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

## Faculty Advisor Signature

Signature: Ashley Carr Date: 9/11/25

## Vice Principal Signature

Signature: William Carr Date: 9/16/25

## 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): Ashley Carr Date: 9/11/25

Club Name: Dance (Union High School Dance Team)

Acct. No.: #2083 Acct. Balance to Date: —

Type of Fund Raiser: Boo Grams (Candy Bags)

Purpose of Fund Raiser: Raise money for competition season and costume

Start Date of Project: 10/1/25 Completion Date of Project: 10/31/25

Date of Sale(s): From 10/1/25 To: 10/31/25

Sale Area/Location: Union High School

Sale will be monitored by: Ashley Carr

\*\*\*\*\* 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: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

## Faculty Advisor Signature

Signature: Ashley B. Carr Date: 9/11/25

## Vice Principal Signature

Signature: [Signature] Date: 9/16/25

## School Treasure Signature

Signature: [Signature] Date: 10/9/25

## Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Ashley Carr Date: 9/11/25

Club Name: Dance / Union High School Dance Team

Acct. No.: #2083 Acct. Balance to Date: —

Type of Fund Raiser: pie ~~and~~ A Dance Team member / Lemonade stand

Purpose of Fund Raiser: Raise money for competition, costumes, transportation  
Dance Events

Start Date of Project: 11/11/25 Completion Date of Project: 11/11/25

Date of Sale(s): From 11/11/25 To: 11/11/25

Sale Area/Location: Union High School / Front yard ~~at school~~

Sale will be monitored by: Ashley Carr

\*\*\*\*\*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: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

## Faculty Advisor Signature

Signature: Ashley Carr Date: 9/11/25

## Vice Principal Signature

Signature: [Signature] Date: 9/16/25

## 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): Tanisha Mayfield Date: 6/24/25  
Club Name: Cosmetology  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \$ 800.16

Type of Fund Raiser: Chips, Candy, Ramen  
Purpose of Fund Raiser: Classroom supplies, State Board Fees, etc

Start Date of Project: 9/5/25 Completion Date of Project: 6/30/26  
Date of Sale(s).....From: 9/5/25 To: 6/30/26

Sale Area/Location: Union High School  
Sale will be monitored by: Tanisha Royster

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

Vendor Representative's Name: Tanisha Mayfield

Vendor Business Name: N/A

Vendor Address: N/A

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>S. Mayfield</u>	Date: <u>6/24/25</u>
Vice Principal Signature	
Signature: <u>Arthur Bosser</u>	Date: <u>7/3/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>7/16/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____

Note scanned to D Cappiello 7/3 cc: M Alfano & W Eichert



Lisa Perez <lperez@twpunionschools.org>

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## UHS Fundraising Proposal - T Mayfield (Royster)

1 message

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**Lisa Perez** <lperez@twpunionschools.org>

Thu, Jul 3, 2025 at 10:32 AM

To: Diane Cappiello <dcappiello@twpunionschools.org>

Cc: Eichert William <weichert@twpunionschools.org>, Mary Rose Alfano <malfano@twpunionschools.org>

Diane,

Please see attached fundraising proposal form for Ms. Mayfield (Royster) for the Cosmetology Club.

Thanks,

Lisa Perez  
Union High School  
Main Office  
2350 N. 3rd Street  
Union, NJ 07083  
908-851-6503  
908-687-5204 FAX



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scan\_lperez\_2025-07-03-10-29-27.pdf

118K



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): ASHLEY CARR Date: JULY 7, 2025

Club Name: UHS DANCE TEAM

Acct. No.: #2083

Acct. Balance to Date: -

Type of Fund Raiser: GERTRUDE HAWK CHOCOLATE

Purpose of Fund Raiser: THE PURPOSE OF FUNDRAISER IS TO RAISE MONEY FOR THIS SEASONS GEAR, APPAREL, COMPETITION FEES AND COSTUMES.

Start Date of Project: 9-15-25

Completion Date of Project: 5-28-26

Date of Sale(s): From 9-15-25

To: 5-28-26

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: MS. CARR

\*\*\*\*\*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: ASHLEY CARR Date: JULY 7, 2025

## Vice Principal Signature

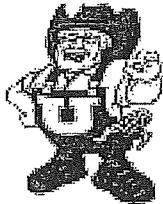
Signature: [Signature] Date: 9/10/25

## School Treasure Signature

Signature: [Signature] Date: 9/11/25

## Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Candy Grams, Seasonal Grams, Monthly Grams  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Chipotle  
Purpose of Fund Raiser: Raise money for Senior class Events

Start Date of Project: 9/16/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: Chipotle  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Penny Wars  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/16/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\* 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>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Dress Down  
Purpose of Fund Raiser: Raise money for Senior Class Events

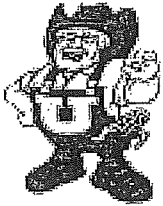
Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: T-Shirt Sale  
Purpose of Fund Raiser: Raise money for future Senior Class Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS (Online Google Form)  
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: <u>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/16/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Lawn Signs  
Purpose of Fund Raiser: Raise money for end of the year Senior Events

Start Date of Project: 1/1/26 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS (Online Google Form)  
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: <u>Shirley Daly</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>Walter Lewis</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Mr. UHS  
Purpose of Fund Raiser: Raise money for future senior events

Start Date of Project: 9/15/25 Completion Date of Project: 12/20/25  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

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: <u>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 7/30/25  
Club Name: Senior Class  
Acct. No.: \_\_\_\_\_ Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Snack Sale  
Purpose of Fund Raiser: Raise money for future Senior Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: VHS  
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: \_\_\_\_\_

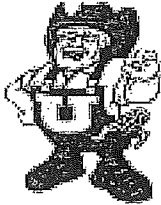
Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>7/30/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): Esquivel/Giennar/Campbell Date: 9/9/25  
Club Name: MARCHING BAND  
Acct. No.: 2033 Acct. Balance to Date: \$9000

Type of Fund Raiser: BAND COMPETITION  
Purpose of Fund Raiser: RAISE FUNDS FOR SEASON

Start Date of Project: 10/25/25 Completion Date of Project: 10/25/25  
Date of Sale(s).....From: 10/25/25 To: 10/25/25

Sale Area/Location: VHS FOOTBALL STADIUM  
Sale will be monitored by: CARLOS ESQUIVEL / RICH GIENNAR

\*\*\*\*\* 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>[Signature]</u>	Date: <u>9/9/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): DANIELA Langley Date: 9/3/25  
Club Name: Cheerleading  
Acct. No.: 2029 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Bake sale / snack sale  
Purpose of Fund Raiser: raise money for senior night cheer clinic  
tumbling classes

Start Date of Project: Sept 2025 Completion Date of Project: June 2026  
Date of Sale(s).....From: Sept 2025 To: June 2026

Sale Area/Location: VHS  
Sale will be monitored by: DANIELA 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>[Signature]</u>	Date: <u>9/3/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 8/5/25  
Club Name: Senior Class  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Face painting for pep rally  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\* 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>Shirley Daly</u>	Date: <u>8/5/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 8/5/25  
Club Name: Senior Class  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Outdoor Movie Night  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>8/3/25</u>
Vice-Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 8/5/25  
Club Name: Senior Class  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Hot cocoa and cookies sale (Holiday)  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>8/5/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 8/5/25  
Club Name: Senior Class  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Ice pop sales for start of spring  
Purpose of Fund Raiser: Raise money for Senior class Events

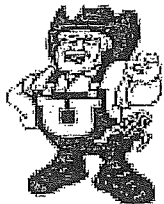
Start Date of Project: 9/15/25 Completion Date of Project: 6/15/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\*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>[Signature]</u>	Date: <u>8/5/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): S. Daly, M. Menders, J. Daly Date: 8/5/23  
Club Name: Senior Class  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Themed Bake Sales  
Purpose of Fund Raiser: Raise money for Senior Class Events

Start Date of Project: 9/13/23 Completion Date of Project: 6/13/26  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: UHS  
Sale will be monitored by: S. Daly, M. Menders, J. Daly

\*\*\*\*\* 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>[Signature]</u>	Date: <u>8/5/23</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/23</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/23</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): Michele Menders, Joe Daly, Shannon Daly Date: 8/25/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Outdoor Movie Night  
Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 9/1/2025 Completion Date of Project: 6/30/2026  
Date of Sale(s).....From: 9/1/2025 To: 6/30/2026

Sale Area/Location: UHS Practice Field  
Sale will be monitored by: Michele Menders, Joe Daly, Shannon Daly

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

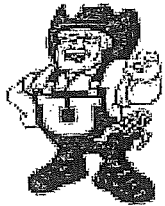
Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

Faculty Advisor Signature	
Signature: <u>Joe Daly</u>	Date: <u>9/2/25</u>
Vice Principal Signature	
Signature: <u>Willie Cox</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>LO</u>	Date: <u>9/11/25</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): Michele Menders, Joe Daly, Shannon Daly Date: 8/25/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Class of 2026 T-Shirts  
Purpose of Fund Raiser: Raise money for senior class events.

Start Date of Project: 9/1/2025 Completion Date of Project: 6/30/2026  
Date of Sale(s).....From: 9/1/2025 To: 6/30/2026

Sale Area/Location: Google Classroom/Class/Class/All  
Sale will be monitored by: Michele Menders / Joe Daly, Shannon Daly

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

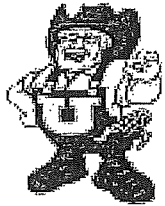
Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

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

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

Faculty/Advisor Signature	
Signature: <u>Joe Daly</u>	Date: <u>9/2/25</u>
Vice-Principal Signature	
Signature: <u>Willie</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>YG</u>	Date: <u>9/11/25</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): Michelle Menders, Joe Daly, Shannon Daly Date: 8/25/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Penny Wars  
Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 9/1/2025 Completion Date of Project: 6/30/2025  
Date of Sale(s).....From: 9/1/2025 To: 6/30/2026

Sale Area/Location: UHS English Classrooms  
Sale will be monitored by: Michelle Menders, Shannon Daly, Joe Daly

\*\*\*\*\*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>Joe Daly</u>	Date: <u>9/2/2025</u>
Vice Principal Signature	
Signature: <u>William</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>YO</u>	Date: <u>9/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Michelle Mendez, Joe Daly, Shannon Daly Date: 8/25/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Snack Sales/Bake Sales/Candy Grams  
Purpose of Fund Raiser: Raise money for senior class events.

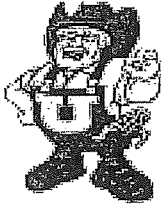
Start Date of Project: 9/1/2025 Completion Date of Project: 6/30/2026  
Date of Sale(s).....From: 9/1/2025 To: 6/30/2026

Sale Area/Location: UHS  
Sale will be monitored by: Michelle Mendez, Joe Daly, Shannon Daly

\*\*\*\*\* 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>Joe Daly</u>	Date: <u>9/2/2025</u>
Vice Principal Signature	
Signature: <u>William [Signature]</u>	Date: <u>9/18/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): Michelle Menders, Joe Daly, Shannon Daly Date: 9/2/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: M.C. UHS  
Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 10/1/25 Completion Date of Project: 12/23/25  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: \_\_\_\_\_  
Sale will be monitored by: M. Menders, J. Daly

\*\*\*\*\* 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>Joe Daly</u>	Date: <u>9/2/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</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): Michele Menders, Joe Daly, Shannon Daly Date: 8/25/25  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Class of 2026 Lawn Signs  
Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 9/1/2025 Completion Date of Project: 6/30/2026  
Date of Sale(s).....From: 9/1/2025 To: 6/30/2026

Sale Area/Location: Google Classroom / C124 / C121 / All  
Sale will be monitored by: Michele Menders, Joe Daly, Shannon Daly

\*\*\*\*\* 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>Joe Daly</u>	Date: <u>9/2/2025</u>
Vice Principal Signature	
Signature: <u>Will H</u>	Date: <u>9/10/25</u>
School Treasurer Signature	
Signature: <u>LO</u>	Date: <u>9/11/25</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): Michèle Menders, Joe Daly, Shannon Daly Date: 9/2/2025  
Club Name: Class of 2026  
Acct. No.: 2526 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Chipotle Fundraiser  
Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 10/1/2025 Completion Date of Project: 6/1/2026  
Date of Sale(s).....From: \_\_\_\_\_ To: \_\_\_\_\_

Sale Area/Location: \_\_\_\_\_  
Sale will be monitored by: Chipotle & Senior class advisers

\*\*\*\*\*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>Joe Daly</u>	Date: <u>9/2/2025</u>
Vice-Principal Signature	
Signature: <u>Willis</u>	Date: <u>9/16/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/11/25</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____

2025

# [NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Julia Saladino Date: 7/28/25

Club Name: Key Club

Acct. No.: 46 Acct. Balance to Date: —

Type of Fundraiser: Snack Selling

Purpose of Fundraiser: Fundraise money for annual DECON convention

What are you selling? Snacks

Start Date of Project: Sept 2025 Completion Date of Project: June 2026

Date of Sale(s): From Sept 2025 To: June 2026

Sale Area/Location: Front of School

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: 7/28/25

## (Vice) Principal Signature

Signature: Michael Bassard Date: 7/25/25

## School Treasure Signature

Signature: W/M Date: 7/30/25

## Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Melissa Hannon Date: 8/26/25

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Dinner Theatre

Purpose of Fund Raiser: Raise funds for spring musical

Start Date of Project: Nov 14 Completion Date of Project: Nov 16

Date of Sale(s).....From: Sept 17 To: Nov 16

Sale Area/Location: Online

Sale will be monitored by: M Hannon

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

Vendor Representative's Name: NA

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ TBD

Proposal Sale Price: \$ 25 per person

Total Cost of all Products Not to Exceed: \$ 5000

Minimum Total Profit Expected: \$ 3000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>8/27/2025</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>8/27/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>8/27/25</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): Urgens Charles-Saint Date: 9/23/2025

Club Name: EmpowerMENT

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

.....  
Type of Fund Raiser: Volleyball Tournament

Purpose of Fund Raiser: Club shirts and clothes  
drive for the homeless.

Start Date of Project: 11/13/2025 Completion Date of Project: 11/13/2025

Date of Sale(s): From 11/13/2025 To: 11/13/2025

Sale Area/Location: Union High School

Sale will be monitored by: Urgens Charles-Saint

.....  
\*\*\*\*\*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: 9/23/25

### (Vice) Principal Signature

Signature: [Signature] Date: 9/23/25

### School Treasure Signature

Signature: [Signature] Date: 9/26/25

### Placed on BOE Meeting Agenda for:

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



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): CARLOS ESQUIVEL Date: 9/29/25

Club Name: MARCHING BAND

Acct. No.: 2033 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: BAND SHOW/MARCHING

Purpose of Fund Raiser: RAISE FUNDS FOR MARCHING BAND 25/26

Start Date of Project: 10/25/25 Completion Date of Project: 10/25/25

Date of Sale(s).....From: 10/25/25 To: 10/25/25

Sale Area/Location: MAIN FIELD

Sale will be monitored by: CARLOS ESQUIVEL / GRENDA

\*\*\*\*\* 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>[Signature]</u>	Date: <u>9/29/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/29/25</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: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/24/25

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Donation Drive

Purpose of Fund Raiser: Raise funds for productions and other UHSPAC student activities

Start Date of Project: Sept 24 2025 Completion Date of Project: June 1

Date of Sale(s).....From: Oct 29 To: June 1

Sale Area/Location: Online

Sale will be monitored by: M Hannon

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: Leading Edge Fundraising

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ 1 per program

Proposal Sale Price: \$ 30 - 5,000 for various ad sizes and packages/sponsorships

Total Cost of all Products Not to Exceed: \$ 1000

Minimum Total Profit Expected: \$ 4000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/24/25</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/26/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>10/6/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/24/25

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Ad and patron/sponsor package sales for fall and spring productions

Purpose of Fund Raiser: Raise funds for productions

Start Date of Project: Sept 24 2025 Completion Date of Project: March 22

Date of Sale(s).....From: Oct 29 To: March 13

Sale Area/Location: Individual student sales

Sale will be monitored by: M Hannon

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

Vendor Representative's Name: NA

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ 1 per program

Proposal Sale Price: \$ 30 - 5,000 for various ad sizes and packages/sponsorships

Total Cost of all Products Not to Exceed: \$ 1000

Minimum Total Profit Expected: \$ 4000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/24/25</u>
Principal/Vice Principal Signature	
Signature: <u>Vicki LBS</u>	Date: <u>9/26/25</u>
School Treasurer Signature	
Signature: <u>JD</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: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Melissa Hannon Date: 9/24/25

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: Candy/snack/water sale

Purpose of Fund Raiser: Raise funds for productions, competition trip, and other UHSPAC student activities

Start Date of Project: Sept 17 2025 Completion Date of Project: June 1 2026

Date of Sale(s).....From: Sept 17 2025 To: June 1 2026

Sale Area/Location: A103 and individual student sales

Sale will be monitored by: M Hannon

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

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: Old Fashion Candy, Freedom Fundraising, and donated items

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ 1-2 per item

Proposal Sale Price: \$ 2-3 per item

Total Cost of all Products Not to Exceed: \$ 3000

Minimum Total Profit Expected: \$ 3000

<b>Faculty Advisor Signature</b>	
Signature: <u>Melissa Hannon</u>	Date: <u>9/24/25</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>9/24/25</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>10/6/25</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____