



FUNDING REQUEST FORM

The mission of the Cove Booster Club is to provide supplemental financial and volunteer support for all Cove School District #15 activities. The Booster Club includes parents, volunteers, and administrators who, by working together, wish to encourage good sportsmanship, school spirit, and a positive connection between all students K-12, faculty, staff, parents, and the community.

Date of Request: _____ Amount of Request: _____ Grade: _____

Name: _____ Phone: _____

Please answer the following questions, and attach a separate piece of paper if additional space is needed.

Purpose of Request: _____

How does your project fit with the Cove Booster Club Mission Statement? _____

What are your expectations of the Cove Booster Club, and how can members help you achieve your goal? _____

What steps have you taken to achieve your goal? _____

Are you willing to fundraise to reach your goal? Yes No
Explain: _____

*Please complete this form and mail it to Cove Booster Club, PO Box 24, Cove, OR 97824,
or drop it off at the Cove Elementary School Office.*

*The Booster Club will take your request under consideration and provide feedback within a timely manner.
If you have any questions regarding your submission, please any Cove Booster Club Officer.*

<input type="checkbox"/> Approved	Amount: \$ _____	<input type="checkbox"/> Disapproved	Date: _____
Comments: _____ _____			