

# LISD Athletic Booster Club GRANT APPLICATION

STAFF NAME AND POSITION:	DATE SUBMITTED
ADMINISTRATION SIGNATURE:	
DECLINATION OR OTHER EXPLANATION:	SUBMITTED TO
USE THE BELOW JUSTIFICATION FOR YOUR GRANT REQUEST	SUBMITTED BY
DESCRIPTION OF CLASS AND/OR CAMPUS IMPROVEMENT	

DATE AND TIME OF PROJECT:

GRANT PURPOSE OR USE OF GRANT FUNDS			
GRANT DESCRIPTION ITEM	QUANTITY	UNIT PRICE	TOTAL
	\$ -	.	\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTALS	\$ -	\$ -	\$ -

<b>JUSTIFICATION</b> attach additional sheets, if necessary

<b>APPROVAL</b> must contain signatures to be valid		
TYPED OR PRINTED NAME AND TITLE	SIGNATURE OF LABC PRESIDENT	DATE
Armandina Vazquez, LABC PRESIDENT		
TYPED OR PRINTED NAME AND TITLE	SIGNATURE OF LABC VICE PRESIDENT	DATE
Emily Martin Howle, LABC VICE PRESIDENT		
TYPED OR PRINTED NAME AND TITLE	SIGNATURE OF LABC SECRETARY	DATE
THERESA CREWS, LABC SECRETARY		
TYPED OR PRINTED NAME AND TITLE	SIGNATURE OF LABC TREASURER	DATE
Tawnya James, LABC TREASURER		