LOUDONVILLE-PERRYSVILLE ACADEMIC BOOSTERS
REQUEST FOR FUNDING

NAME: POSITION:

SCHOOL: DATE:

Describe the project/activity planned. Include the number, age, and type of students, and how the project will encourage academic achievement, etc. (Use back of form if additional space is necessary.)

The principal is aware of this request: yes_____no_____

Total projected cost of the project: $ (**if request is $100 or more you need to present your request in person**)

Amount you are requesting from Academic Boosters: $

How was project funded in the past, by the school district or other sources?

(It is the policy of Academic Boosters **NOT** to assume responsibility for projects funded in the past by the school district or other sources.)

How will you be billing for the project?

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SUBMIT THIS REQUEST TO THE BUILDING PRINCIPAL, THE ACADEMIC BOOSTER LIAISON FOR YOUR BUILDING OR ANY MEMBER OF ACADEMIC BOOSTERS. REQUESTS WILL BE CONSIDERED AT THE FIRST MEETING FOLLOWING THE RECEIPT OF THE REQUEST. YOU WILL BE NOTIFIED IN WRITING OF THE GROUP'S DECISION.
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FOR ACADEMIC BOOSTER USE ONLY
REQUEST #_____

REQUEST APPROVED_____DENIED_____TABLED_____NEED FURTHER INFORMATION_____

Notices to: person requesting___principal___school treas.___booster treas.___file___

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