

GHHS Fine Arts Boosters Funding Request Form

Requested By: _____ Date: _____

Department/Program: _____

Amount Requested: _____ Date Needed: _____

Please provide a detailed description of how these funds will be used and why FAB funding is needed:
Attach additional documentation if available.

Does the amount requested represent the total cost of the asset or program? Yes / No

If no, what is total cost? _____

Please explain how the balance of the cost will be funded (e.g., school, other fundraisers, existing department funds):

FAB USE ONLY

Date of Review: _____

Comments:

Additional Info Requested:

Approved / Denied / Hold (circle one)

Signatures:

President

Treasurer