**Colo-NESCO Community School Booster Club Funds Request Form**

This form may be used by any Colo-NESCO School student, student group, coach, faculty member, or administrator who is requesting financial support from the CN Booster Club.

**Please read the following:**

1. Ensure every item below has been completed.

2. Have form initialed by the Principal or Athletic Director for athletic requests.

 (PLEASE NOTE: Their initials do not indicate their approval of this request. This is an opportunity to make them aware

 of your request and for possible discussion prior to submission.)

3. Retain a copy for your records.

4. Submit this form to the C-N Booster mailbox located at the district offices at the Colo School.

5. Each applicant must present their funds request at a C-N Booster Club meeting**.** C-N Booster

 meetings are typically held at the Colo school cafeteria on the second Wednesday of each

 calendar month at 7 p.m. This presentation need not be elaborate but should include enough

 information to explain the importance of this request to the Booster Club members. Copies of

 pictures or diagrams may be handed out to facilitate the presentation.

6. If you have any questions please contact Andrew Short at 515-291-4493.

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Name of applicant (include group name, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address & telephone number of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date requested funds are needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested (Please allow for taxes and shipping, if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Colo-NESCO students to benefit from this request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of booster club meeting you plan to present your request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this money been previously requested from CN schools? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity Director’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief description of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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