



# QOHS All-School Booster Club Grant Request

Date: \_\_\_\_\_

Name of Organization Requesting Funding: \_\_\_\_\_

Sponsor/Coach Name: \_\_\_\_\_

Sponsor/Coach Contact Information: \_\_\_\_\_

Dollar Amount Requested: \_\_\_\_\_

Purpose for Requested Funding:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Presenting Request at Booster Club Meeting and Contact Information:

\_\_\_\_\_  
\_\_\_\_\_

In return for funding approval, we agree to provide volunteers for concessions. Please provide the main point of contact for providing these services and their contact information.

\_\_\_\_\_  
\_\_\_\_\_

Please Note: Athletic teams must seek the approval of the QOHS Athletic Director and Clubs/Organizations must seek the approval of the QOHS principal prior to submitting request to the Booster Club. Please have the appropriate approval person sign and date on the line below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Cindy Matter at the QOHS Booster Club Mailbox. Questions can be emailed to her at [cindymatter03@aol.com](mailto:cindymatter03@aol.com) or 301-926-7830. The Booster Club Executive Secretary will contact the person who presented the request at the Booster Club Meeting with our decision within 24 hours.

-----  
Booster Club Response: Funding: \_\_\_ Approved or \_\_\_ Denied

If denied, reason: \_\_\_\_\_

Other comments: \_\_\_\_\_

Form: 01/08