

 **Grant**

**Sponsorship for Fundraiser**

Applicant Name (Club/Team): Email:

Please briefly describe what the funds will be used for or what we are sponsoring:

Amount Requested: $

Will you be doing any additional fundraising activity?

How many students will benefit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When will the students see the benefit?

Will you provide the CHSF with receipts/documentation for expenditures?

 **(The CHSF will NOT reimburse any expenses without PRIOR approval)**

 \*\*Support of Foundation fundraising efforts is greatly appreciated\*\*

CHS Principal Signature:

CHS Advisor/Coach Signature:

CHS Student Representative:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For CHSF Use Only

Date received/reviewed: Amount Funded: $

Check #: Processed: Documentation:

*Clairemont High School 4150 Ute Dr San Diego CA 92117*

*Clairemont High School Foundation, a non-profit 501©(3)organization 33-0551164*