HIGLEY UNIFIED SCHOOL DISTRICT PARENT SUPPORT ORGANIZATION

ANNUAL APPLICATION FOR GOVERNING BOARD RECOGNITION

ALL HUSD PARENT SUPPORT ORGANIZATIONS MUST BE RECOGNIZED ANNUALLY BY THE HUSD GOVERNING BOARD IN ORDER TO OPERATE ON CAMPUS9{, INCLUDING FUNDRAISING EFFORTS.

Please forward completed annual applications to: ptso-booster@husd.org

CURRENT SCHOOL YEAR: 2024/2025

NAME OF PTO/BOOSTER GROUP:

SCHOOL:

RELATED STUDENT ORGANIZATION/CLUB:
(FOR HIGH SCHOOL USE ONLY)

PTO/BOOSTER TAXPAYER ID/EIN:

PTO/BOOSTER EMAIL ADDRESS:

REQUIRED DOCUMENTS TO INCLUDE WITH APPLICATION:

☐ **FORMAL NON-PROFIT** HUSD PARENT SUPPORT ORGANIZATIONS OPERATING AS A *FORMAL NON-PROFIT,* MUST INCLUDE THE FOLLOWING ITEMS WITH THEIR ANNUAL APPLICATION PACKET:

- MOST RECENT BANK STATEMENT
- ANNUAL FINANCIAL REPORT
- COPY OF OPERATING BUDGET
- CURRENT OPERATING BY-LAWS
- PREVIOUS FISCAL YEAR IRS FORM 990 ANNUAL REPORT
- PREVIOUS FISCAL YEAR AZ CORPORATION COMMISSION ANNUAL REPORT
- IRS DETERMINATION LETTER (NEW GROUPS ONLY)
- ARTICLES OF INCORPORATION (NEW GROUPS ONLY)

☐ **INFORMAL NON-PROFIT** HUSD PARENT SUPPORT ORGANIZATIONS OPERATING AS AN I*NFORMAL NON-PROFIT*, MUST INCLUDE THE FOLLOWING ITEMS WITH THEIR ANNUAL APPLICATION PACKET:

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- ANNUAL FINANCIAL REPORT
- COPY OF OPERATING BUDGET
- CURRENT OPERATING BY-LAWS

DATE OF LAST BY-LAWS REVIEW/REVISION:

HOW OFTEN ARE OFFICER MEETINGS HELD?

HOW OFTEN ARE EXECUTIVE MEETINGS HELD?

DISCLAIMER: HIGLEY UNIFIED SCHOOL DISTRICT ASSUMES NO RESPONSIBILITY FOR THE ACCURACY OF ANY INFORMATION PROVIDED BY THE PARENT SUPPORT ORGANIZATION SUBMITTING THIS APPLICATION INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTATION PROVIDED. DOCUMENTS PROVIDED BY THE PARENT SUPPORT ORGANIZATION WILL BE KEPT AT THE DISTRICT OFFICE SOLELY FOR THE CONVENIENCE OF THE ORGANIZATION.

OFFICER INFORMATION FOR CURRENT SCHOOL YEAR*:*

NAME:
OFFICE HELD:
PHONE:
EMAIL:

NAME:
OFFICE HELD:
PHONE:
EMAIL:

NAME:
OFFICE HELD:
PHONE:
EMAIL:

NAME:
OFFICE HELD:
PHONE:
EMAIL:

LIST NAMES OF TWO (2) OFFICERS WHO ARE AUTHORIZED SIGNERS ON ORGANIZATION BANK ACCOUNT:

AS OFFICERS, WE HEREBY AGREE TO ABIDE BY THE BYLAWS OF OUR ORGANIZATION, ATTEND ANNUAL DISTRICT PROVIDED PARENT SUPPORT GROUP TRAININGS, AND TO FOLLOW THE DISTRICT'S GUIDELINES FOR OPERATION AND FINANCIAL RESPONSIBILITY WHILE WE STRIVE TO IMPOVE OUR CHILDREN'S EDUCATIONAL OPPORTUNITIES WHERE SUPPORT IS NEEDED.

OFFICER SIGNATURE:

DATE:

OFFICER SIGNATURE:

DATE:

OFFICER SIGNATURE:

DATE:

OFFICER SIGNATURE:

DATE:

<u>NEW PTO/BOOSTER GROUPS ONLY</u>

PRINCIPAL SIGNATURE:

DATE: