Request for Booster Funding
2025-2026

Date of Request:_____

Group/Name Requesting Funds:_____

Amount Being Requested (please attach quote(s)): $_____

When Are Funds Required By:_____

Please provide a short description of your request, how it will enhance students' educational experience, how many students will be impacted, what grade level / subject area will benefit and why you believe that it is important:

Booster Club Signature: _____ ***Approved / Denied***

Forward your completed funding request to the Booster Club (Booster@setonhigh.org)