



Wilcox

Dads, Grads and Moms Booster Club

Request for Funds

TO RECEIVE FUNDS SPONSOR MUST BE PRESENT TO MAKE THE REQUEST
(a copy for each DGM member is needed, please submit 10 copies of this completed request)

Total Amount Requested: _____

Name of Wilcox Organization making the request: _____

Describe how the funds will be used: _____

How many students or faculty members will benefit from your request?: _____

Did this request originate from the students or Faculty?: _____

Do you have some of the money (if yes how much _____), plan to raise part of it (if yes how much _____), and/or will you be requesting funds from another organization (if yes how much _____)?

Did you first submit your request through regular school channels for funding? If yes, please elaborate on the result of the request. _____

Signature of Requestor

Printed name of Requestor

Date Submitted

If your request is approved, one month will be necessary to process your request. You will be notified at the next regularly scheduled DGM Board Meeting whether your funding request was approved.

☐ Approved

Amount Approved:\$ _____

☐ Not Approved

DGM Board Member Signature