

**COUGAR BOOSTER CLUB OF MAPLEWOOD & SOUTH ORANGE**  
**REQUEST FOR FUNDS FORM**

**To the Advisor/Parent/Coach of this organization:** To request a grant from the Cougar Booster Club please complete the following questions. You may attach additional information that will support your request, however, we must have the answers to the questions below in order to discuss and vote on this request. The Booster Club meets monthly. If a request is passed by the trustees a check can be issued that night to the organization. If the information is incomplete or if we have additional questions regarding the request, the decision may be postponed until the next month, in which case you will be notified by Dave Curtin. The more specific and complete this form is the faster we can discuss and vote on the outcome. In order to ensure that we have all the information needed to discuss your request, we suggest you submit the form several days in advance of the Booster meeting. Our mission is to assist in funding the extracurricular activities, clubs and sports at CHS; however, we must follow our guidelines and the by-laws of the corporation in order to maintain our non-profit status which includes specific documentation for grants awarded. If you have any questions you may contact: *Valerie Moore: 973-275-5498/moorehome@optonline.net* or *Dave Curtin: 973-762-5600 ext. 1024.*

**GENERAL INFORMATION**

**Name of club/sport/activity:** \_\_\_\_\_

Date of Request: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_  
(please include CHS v-mail ext., if applicable)

Coach/ Advisor/Parent Name:  
\_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**DESCRIPTION OF YOUR REQUEST**

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

*If applicable, please attach any receipts, copy of catalog item, invoice or other related information.*

Total Cost of Item(s) requested: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total number of students that this funding will impact: \_\_\_\_\_

**FUNDRAISING COMPLETED/PLANNED**

What is your organization doing to raise money toward the funding of this request?

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

Money Raised to date towards total cost of item: \$ \_\_\_\_\_

If your request is approved, how should the check be made payable? \_\_\_\_\_  
(Please note: your organization needs to have a checking account)

\_\_\_\_\_  
**RETURN THIS FORM AND ANY ATTACHMENTS TO THE OFFICE OF DAVE CURTIN**

**FOR COUGAR BOOSTER USE:**

Meeting Date during which request was considered: \_\_\_\_\_

Decision:      Approved: \_\_\_\_\_      Not approved: \_\_\_\_\_      Tabled: \_\_\_\_\_

If Approved:      Amount: \_\_\_\_\_      Check Number/Date: \_\_\_\_\_

If tabled: Information requested for next meeting:

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If not approved: Rationale:

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