

Hull Boosters Club, Inc.
P.O. Box 305, Hull, Ma. 02045
hullboosters.org

President: Nancy Sullivan
Vice-President: Joanne Cameron

Treasurer: Donna Brady
Secretary: Joan MacDonald

Grant Funding Request Form 2009-2010

Request Date: _____ Deadline Date: _____

Program: _____

Advisor/Coach: _____ e-mail & phone: _____

Type of Activity: _____ Number of Students: _____

Amount Requested: _____ Check Payable to: _____

**Please use the back of this form to briefly describe your request and it's benefits.
Include how the money is to be used.**

**Requests need to be received a minimum of 6-weeks prior to the deadline date to
provide ample time to be discussed and voted on at a scheduled meeting.**

If you are requesting additional funding from another group(s) for this request, please provide those details.

Organization Name(s) & amount(s): _____

Advisor/Coach Signature: _____ **Date:** _____

Principal/A.D. Signature: _____ **Date:** _____

Booster Officers: _____

Approval & date: _____

Please note: If the request is granted, **ALL BILLS/RECEIPTS must be submitted to
The Hull Boosters Club, Inc. for payment or reimbursement.**

Should this request be to fund a periodical or book, the request must be presented to the School Committee for approval.

Authorization of School Committee: _____

**Please place this form in the Booster box in the High School office and send an
e-mail to confirm your submission to njs33@comcast.net**