Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date: | Click here to enter text. | Date Funds needed: | Click here to enter text. |

Amount Requested: Click here to enter text.

Contact information of person making the request:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Contact Phone Number | Click here to enter text. |
| Email | Click here to enter text. |

Team or Sport Requesting Grant: Click here to enter text.

Does this team have funds in their ABC Account? Yes[ ]  No[ ]

If yes what is the balance of the sub account? $Click here to enter text.

Number of athletes assisted directly: Click here to enter text.

Grant Request Statement: *Please be as specific as possible. Support your Grant Request by detailing how the funds will be spent and identifying upcoming needs.*

Click here to enter text.

Other sources of funding used or solicited:

**Administration Information:**

Is the request consistent with EWHS school and district policies with respect to types of items or activities within the Athletic Department?

 [ ] Yes [ ]  No

 *(If not explain)* Click here to enter text.

Are other funds available to cover this Grant Request or compliment ABC support?

 [ ] Yes [ ] No [ ] Unsure

 *(If yes explain)* Click here to enter text.

How does the Administration rank this request relative to other needs within the Athletic Department?

 [ ] High [ ] Medium [ ] Low

**EW ABC Information:**

Date Approved: Click here to enter text. Amount Approved: Click here to enter text.

If rejected reason: Click here to enter text.

President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasure Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_