



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): Jada Nyarks Date: 1/28/25  
 Club Name: PROM  
 Acct. No.: 2012 Acct. Balance to Date: \_\_\_\_\_

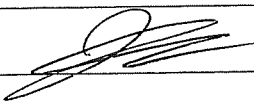

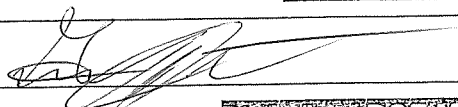
Type of Fund Raiser: MONTH LONG DRESS DOWN  
 Purpose of Fund Raiser: TO RAISE FUNDS FOR PROM

Start Date of Project: MARCH Completion Date of Project: JUNE  
 Date of Sale(s).....From: MARCH To: JUNE

Sale Area/Location: UHS \$20  
 Sale will be monitored by: PROM COORDINATOR

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: \_\_\_\_\_  
 Vendor Address: \_\_\_\_\_  
 City: State & Zip code: \_\_\_\_\_  
 Unit Cost of Product/Service: \$ 20 for the month  
 Proposal Sale Price: \$ \_\_\_\_\_  
 Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_  
 Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature: 	Date: <u>1/28/25</u>
<b>Vice-Principal Signature</b>	
Signature: 	Date: <u>1/29/25</u>
<b>School Treasurer Signature</b>	
Signature: 	Date: <u>1/30/25</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): JADA MARKO Date: 1/28/25  
 Club Name: PROM  
 Acct. No.: 2012 Acct. Balance to Date: \_\_\_\_\_

Type of Fund Raiser: \_\_\_\_\_  
 Purpose of Fund Raiser: CHICK FIL-A FUNDRAISER TO RAISE MONEY FOR PROM

Start Date of Project: MARCH Completion Date of Project: JUNE  
 Date of Sale(s).....From: MARCH To: JUNE

Sale Area/Location: \_\_\_\_\_  
 Sale will be monitored by: UHS PROM COORDINATOR

\*\*\*\*\*ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD\*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

City: State & Zip code: \_\_\_\_\_

Unit Cost of Product/Service: \$ \_\_\_\_\_

Proposal Sale Price: \$ \_\_\_\_\_

Total Cost of all Products Not to Exceed: \$ \_\_\_\_\_

Minimum Total Profit Expected: \$ \_\_\_\_\_

<b>Faculty Advisor Signature</b>	
Signature:	Date: <u>1/28/25</u>
<b>Vice Principal Signature</b>	
Signature:	Date: <u>1/29/25</u>
<b>School Treasurer Signature</b>	
Signature:	Date: <u>1/30/25</u>
<b>Placed on BOE Meeting Agenda For</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



# UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

## Applicant Information

Faculty Member (s): KANIA-CYBURT ABATA Date: 01/06/2025  
 Club Name: NATIONAL GERMAN HONOR SOCIETY  
 Acct. No.: 2038 Acct. Balance to Date: \$ 500.42

Type of Fund Raiser: CANDY-SALE, FRUIT SNACKS-SALE  
 Purpose of Fund Raiser: RAISE FUNDS FOR AATG Membership, Delta Epsilon Phi Graduation Honor Cards and diplomas

Start Date of Project: 02/2025 Completion Date of Project: 06/2025  
 Date of Sale(s).....From: 02/2025 To: 06/2025

Sale Area/Location: UNION HIGH SCHOOL  
 Sale will be monitored by: ABATA KANIA-CYBURT

\*\*\*\*\* ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD \*\*\*\*\*

Vendor Representative's Name: \_\_\_\_\_  
 Vendor Business Name: OLD FASHION CANDY COMPANY  
 Vendor Address: P.O. BOX 3367  
 City: State & Zip code: EVANSVILLE, IN 47732  
 Unit Cost of Product/Service: \$ 280 / 2 x \$140 per case  
 Proposal Sale Price: \$ 2 x \$240 per case  
 Total Cost of all Products Not to Exceed: \$ 280  
 Minimum Total Profit Expected: \$ 200

<b>Faculty Advisor Signature</b>	
Signature: <u>A. Kaucio-Cyburt</u>	Date: <u>01/06/2025</u>
<b>Principal/Vice Principal Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>1/14/25</u>
<b>School Treasurer Signature</b>	
Signature: <u>[Signature]</u>	Date: <u>01/14/25</u>
<b>Placed on BOE Meeting Agenda For:</b>	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____