



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Daly, M. Menders Date: 1/29/2026
Club Name: Class of 2026
Acct. No.: 2526 Acct. Balance to Date: _____

Type of Fund Raiser: Outdoor Movie Night
Purpose of Fund Raiser: Raise funds for the Class of 2026

Start Date of Project: May 2026 Completion Date of Project: June 2026
Date of Sale(s).....From: _____ To: _____

Sale Area/Location: _____
Sale will be monitored by: _____

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

Vendor Representative's Name: Jackie Carr
Vendor Business Name: Carr and Associates Marketing
Vendor Address: 29 Munsee Dr
City: State & Zip code: Cranford, NJ 07016
Unit Cost of Product/Service: \$ _____
Proposal Sale Price: \$ _____
Total Cost of all Products Not to Exceed: \$ 500.00
Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: <u>Joe Daly</u>	Date: <u>1/29/2026</u>
Vice Principal Signature	
Signature: <u>Walter Davis</u>	Date: <u>1/30/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/30/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): J. Daly, M. Menders Date: 1/29/2026
Club Name: Class of 2026
Acct. No.: 2526 Acct. Balance to Date: _____

Type of Fund Raiser: Slime a Senior Fundraiser

Purpose of Fund Raiser: Raise money for the Senior Trip All money raised will go to subsidize the cost of the trip for seniors attending

Start Date of Project: March 2026 Completion Date of Project: April 2026

Date of Sale(s).....From: _____ To: _____

Sale Area/Location: Outside Auditorium

Sale will be monitored by: J. Daly & M. Menders

*****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: \$ _____

Faculty Advisor Signature	
Signature: <u>Joe J. Daly</u>	Date: <u>1/29/2026</u>
Vice Principal Signature	
Signature: <u>Willie [Signature]</u>	Date: <u>1/30/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/30/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Ingrid Soares Date: 1/28/26
Club Name: Girls Empowerment Club
Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Donations/Collections Women Products
Purpose of Fund Raiser: To collect female items to donate to women shelters/organizations - ywca + Josephine's Place

Start Date of Project: March 1, 2026 Completion Date of Project: March 31, 2026
Date of Sale(s).....From: _____ To: _____

Sale Area/Location: Donations brought to small counseling
Sale will be monitored by: Ingrid Soares

***** 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: \$ _____

Faculty Advisor Signature	
Signature: <u>Ingrid Soares</u>	Date: <u>1/28/26</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>1/28/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/30/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 1/21/26

Club Name: UHSPAC

Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Concessions

Purpose of Fund Raiser: Raise funds for production of Frozen

Start Date of Project: 1/5/2026 Completion Date of Project: 3/22/2026

Date of Sale(s).....From: 3/19/2026 To: 3/22/2026

Sale Area/Location: UHS Lobby

Sale will be monitored by: M. Hannon and UHSPAC Parents

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

Vendor Representative's Name: _____

Vendor Business Name: Somerset Foods

Vendor Address: _____

City: State & Zip code: Edison, NJ

Unit Cost of Product/Service: \$ varied

Proposal Sale Price: \$ 1-5 per item

Total Cost of all Products Not to Exceed: \$ 2500

Minimum Total Profit Expected: \$ 2000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>1/21/2026</u>
Principal/Vice Principal Signature	
Signature: <u>Arthur Bessou</u>	Date: <u>1/22/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/22/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARJORIE HARGRAVE Date: 1/14/26

Club Name: UHS STEP TEAM

Acct. No.: 2234 Acct. Balance to Date: _____

Type of Fund Raiser: DOUBLE GOOD POPCORN SALES

Purpose of Fund Raiser: To raise money for competition expenses, uniforms, costumes, + double bags.

Start Date of Project: 2/17/2026 Completion Date of Project: 2/21/2026
Date of Sale(s): From 2/17/2026 @ 12 NOON To: 2/17/2026 @ 12 NOON
Sale Area/Location: VIRTUAL
Sale will be monitored by: DOUBLE GOOD MS. HARGRAVE

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

Vendor Representative's Name: _____

Vendor Business Name: DOUBLE GOOD

Vendor Address: 16K1030 83RD STREET

City: BURRIDGE State & Zip code: IL 60527

Unit Cost of Product/Service: \$ 11.00 - 14.00 per bag

Proposal Sale Price: \$ SAME

Total Cost of all Products Not to Exceed: \$ \$0

Minimum Total Profit Expected: \$ 50% of TOTAL SALES

Faculty Advisor Signature

Signature: Marjorie Hargrave Date: 1/14/26

Vice Principal Signature

Signature: [Signature] Date: 1/15/26

School Treasure Signature

Signature: [Signature] Date: 1/15/26

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES ☐ NO ☐ By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Joe Costello Date: 11/7/26
Club Name: ASIAN Student Alliance
Acct. No.: 2236 Acct. Balance to Date: \$329

Type of Fund Raiser: Volleyball Tourney after School
Purpose of Fund Raiser: to raise funds for NYC trip to
China town museum of Chinese in America

Start Date of Project: 3/20/26 Completion Date of Project: 3/20/26
Date of Sale(s).....From: " To: "

Sale Area/Location: Big Gym @ UHS
Sale will be monitored by: Mr. Costello

*****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: \$ Entry fee → \$3.00
Proposal Sale Price: \$ Snacks \$1-\$2.00 each
Total Cost of all Products Not to Exceed: \$ _____
Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature	
Signature: <u>J. Costello</u>	Date: <u>11/7/26</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>11/14/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>11/15/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____