



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 12/30/2024

Club Name: UHSPAC

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

Type of Fund Raiser: Program Ad sales for Into the Woods

Purpose of Fund Raiser: Raise funds for production costs

Start Date of Project: 1/22/2025 Completion Date of Project: 4/6/2025

Date of Sale(s): From 2/1/2025 To: 4/1/2025

Sale Area/Location: Online/A103

Sale will be monitored by: Melissa Hannon

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

Vendor Representative's Name: NA

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ NA

Proposal Sale Price: \$ 50 - \$5,000

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

Minimum Total Profit Expected: \$ 2000

Faculty Advisor Signature

Signature: [Redacted] Melissa Hannon Date: 12/30/2024

Vice Principal Signature

Signature: [Signature] Date: 1/3/25

School Treasure Signature

Signature: [Signature] Date: 1/3/25

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Antonia Peralta Date: 12/10/24 Club Name: Nat Spanish Honor Society

Acct. No.: 2032 Acct. Balance to Date: \$1,032.93

Type of Fund Raiser: Tshirt/Sweatshirt sale

Purpose of Fund Raiser: Sell tshirt/sweatshirts to raise funds for the Society within the society.

Start Date of Project: February 2025/ Completion Date of Project: February 2025

Date of Sale(s): From February 2025 To: February 2025

Sale Area/Location: UHS (Sale will be monitored by: Antonia Peralta)

***** 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: \$35.00- sweatshirt, \$15.00- tshirt

Proposal Sale Price: \$37.00- sweatshirt, \$20.00- tshirt

Total Cost of all Products Not to Exceed: \$ 500.00

Minimum Total Profit Expected: \$ 50.00

Signature:  **Faculty Advisor Signature**
Antonia Peralta Date: 12/10/24

Signature:  **Vice Principal Signature** Date:

Signature:  **School Treasure Signature** Date:

Placed on BOE Meeting Agenda for:

Month: Year: Approved:	YES NO
By:	



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Antonia Peralta Date: 12/10/24 Club Name: Nat Spanish Honor Society

Acct. No.: 2032 Acct. Balance to Date: \$1,032.93

Type of Fund Raiser: Food Drive (Not a fundraiser)

Purpose of Fund Raiser: Collect canned food for food drive.

Start Date of Project: April 2025 / Completion Date of Project: April 2025

Date of Sale(s): From: April 2025 To: April 2025

Sale Area/Location: UHS (Sale will be monitored by: Antonia Peralta)

*****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:

Signature:  **Faculty Advisor Signature**
Antonia Peralta Date: 12/10/24

Signature:  **Vice Principal Signature** Date:

Signature:  **School Treasure Signature** Date:

Placed on BOE Meeting Agenda for:

Month: Year: Approved:	YES NO
By:	



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Antonia Peralta Date: 12/10/24 Club Name: Nat Spanish Honor Society

Acct. No.: 2032 Acct. Balance to Date: \$1,032.93

Type of Fund Raiser: Inductions (NOT A FUNDRAISER)

Purpose of Fund Raiser: To induct students

Start Date of Project: April/May 2025/ Completion Date of Project: April/May 2025

Date of Sale(s): From April/May 2025 To: April/May 2025

Sale Area/Location: UHS (Sale will be monitored by: Antonia Peralta)

***** 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:

Signature:  **Faculty Advisor Signature**
Antonia Peralta Date: 12/10/24

Signature:  **Vice Principal Signature**
Date:

Signature:  **School Treasure Signature**
Date:

Placed on BOE Meeting Agenda for:

Month: Year: Approved:	YES NO
	By:



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Antonia Peralta Date: 12/10/24 Club Name: Nat Spanish Honor Society

Acct. No.: 2032 Acct. Balance to Date: \$1,032.93

Type of Fund Raiser: Latin Dance Night

Purpose of Fund Raiser: Latin dance class night to raise funds for the Society.

Start Date of Project: March 2025 / Completion Date of Project: March 2025

Date of Sale(s): From To: March 2025

Sale Area/Location: UHS (Sale will be monitored by: Antonia Peralta)

*****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: \$ 500.00

Minimum Total Profit Expected: \$ 50.00

Signature:  **Faculty Advisor Signature**
Antonia Peralta Date: 12/10/24

Signature:  **Vice Principal Signature** Date:

Signature:  **School Treasure Signature** Date:

Placed on BOE Meeting Agenda for:

Month: Year: Approved:	YES NO
	By:



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARJORIE HARGRAVE Date: 12/12/24

Club Name: UHS STEEL TEAM

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

Type of Fund Raiser: DOUBLE GOOD POPCORN SALES

Purpose of Fund Raiser: To raise money for team related expenses + supplies.

Start Date of Project: 2/18/25 Completion Date of Project: 2/22/25

Date of Sale(s): From 2/18/25 @ 12 NOON To: 2/22/25 @ 12 NOON

Sale Area/Location: Virtual

Sale will be monitored by: Double Good, Team Members, + Ms. HARGRAVE

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

Vendor Representative's Name: _____

Vendor Business Name: DOUBLE GOOD

Vendor Address: 16 W 1030 83RD STREET

City: BURR RIDGE State & Zip code: IL 60527

Unit Cost of Product/Service: \$ 910 - 9/2 per bag

Proposal Sale Price: \$ SAME

Total Cost of all Products Not to Exceed: \$ N/A

Minimum Total Profit Expected: \$ 50% of Total Sales

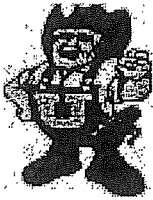
Faculty Advisor Signature
Signature: [Signature] Date: 12/12/24

Vice Principa/ Signature
Signature: [Signature] Date: 12/16/24

School Treasure Signature
Signature: [Signature] Date: 12/16/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Rebecca Richardson Date: 11/27/24
 Club Name: GSA
 Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Bake Sale / Snack Sale - monthly
 Purpose of Fund Raiser: raise funds to hold future events.

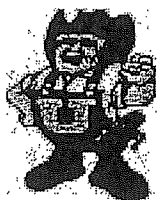
Start Date of Project: Jan 25 Completion Date of Project: June 25
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: Front lobby
 Sale will be monitored by: Rebecca Richardson

*****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>Rebecca Richardson</u>	Date: <u>12/11/24</u>
Principal/Vice Principal Signature	
Signature: <u>Alicia Bessow</u>	Date: <u>12/12/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/3/25</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): Rebecca Richardson Date: 11/27/24

Club Name: G.S.A.

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

Type of Fund Raiser: Movie Day

Purpose of Fund Raiser: raise funds for Club events

Start Date of Project: January '25 Completion Date of Project: June '25

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

Sale Area/Location: _____

Sale will be monitored by: Rebecca Richardson

*****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>Rebecca Richardson</u>	Date: <u>12/11/24</u>
Principal/Vice Principal Signature	
Signature: <u>Wilfredo Bassareo</u>	Date: <u>12/10/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/3/25</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): Rebecca Richardson Date: 11/27/24
 Club Name: Karaoke ~~Event~~ Event
 Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: snack sale during karaoke event
 Purpose of Fund Raiser: _____

Start Date of Project: _____ Completion Date of Project: _____
 Date of Sale(s).....From: January 25 To: June 25

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

***** 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>Rebecca Richardson</u>	Date: <u>12/11/24</u>
Principal/Vice Principal Signature	
Signature: <u>Arthur Bassano</u>	Date: <u>12/12/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>11/25/25</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): Danana Langley Date: 12/4/24
 Club Name: Cheerleading + Freshmen Staff
 Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Talent Show
 Purpose of Fund Raiser: to raise funds for the cheerleaders and Freshmen Staff.

Start Date of Project: April 2025 Completion Date of Project: May 2025
 Date of Sale(s).....From: April 2025 To: May 9th, 2025

Sale Area/Location: VHS
 Sale will be monitored by: Danana Langley

***** 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>D. Langley</u>	Date: <u>12/5/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>12/9/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>12/9/24</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): Dayana Langley Date: 12/10/24
 Club Name: 65000 Freshmen class
 Acct. No.: 2230 Acct. Balance to Date: _____

Type of Fund Raiser: Talent Show
 Purpose of Fund Raiser: To raise funds for the freshmen freshmen class

Start Date of Project: April 2025 Completion Date of Project: MAY 2025
 Date of Sale(s).....From: April 2025 To: May 9th

Sale Area/Location: UHS
 Sale will be monitored by: Dayana Langley

***** 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>[Signature]</u>	Date: <u>12/10/24</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>12/12/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>1/3/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____