

Faculty Member (s):	App Melissa Hannon	leant information	Date: 2/21/2025				
Club Name: UHSPA							
Acct. No.: 2077		Acct. Bala	Acct. Balance to Date:				
Type of Fund Raiser:	Dress Down - Month	 n of Δpril	***************************************				
Purpose of Fund Raisers	Raise funds for pr	oduction costs, sch	olarships, and other UHSPAC need				
Start Date of Project:	1/3/2025	Completion Da	te of Project: 6/1/2025				
Date of Sale(s): From	3/28/2025		то: 4/1/2025				
Sale Area/Location:	Main office						
Sale will be monitored b	y: Melissa Hann	on					
	H PUBLICATION F		TEMS TO BE SOLD********				
Vendor Business Name:							
Vendor Address:							
		4-0 7:					
Unit Cost of Product/Se	rvice:	\$0					
Proposal Sale Price:		\$ 20					
Total Cost of all Product		\$ <u>0</u>					
Minimum Total Profit Ex	pected:	\$ <u>1000</u>					
Signature:		y Advisor Signature	Date: <u>2/21/2025</u>				
Signature:	Vice	Principal Signature	Date: 3/3/75				
Signature:	School	Treasure Signature	Date: 3/3/25				
V	Placed on I	BOE Meeting Agenda	for:				
Month:Y	ear:Ap	YES NO proved:	Ву:				



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Faculty Member (s): S. Daly M. Minder, J. Daly Club Name: School Class	Date: 2 20 25					
Acct. No.: Acct. Balance to Date:						
Type of Fund Raiser:						
Start Date of Project: 3/2/25 Completion D Date of Sale(s)From: 3/20/25 To:	ate of Project: 6 31 25					
Sale Area/Location: UHS Sale will be monitored by: Shaly						
**********ATTACH PUBLICATION FROM VENDOR OF	ITEMS TO BE SOLD*******					
Vendor Representative's Name:	1					
Vendor Business Name:						
Vendor Address:						
City: State & Zip code:						
Unit Cost of Product/Service: \$						
Proposal Sale Price: \$	<u>.</u>					
Total Cost of all Products Not to Exceed: \$						
Minimum Total Profit Expected: \$						
Faced by Advisor Signature						
Signature: MM / M/	Date: 2 20 25					
Vice Einepel Signeline	' /					
Signature: Of the State of the	Date: 3/3/25					
Sepon niesenien Abremn	Ğ					
Signature:	Date: 3/3/25					
Placed on BOE Meating Agenc	E FOIT					
Month: Year: Approved: YES NO	By:					



Applientalition

Faculty Member (s): <u>CARLOS ESQUI</u>	LE L	Date:	2/12/25
Club Name: MARCHING BONIO			
	Acct. Balance to Date		
Type of Fund Raiser: <u>PoppiN Pop</u>	cons		
Purpose of Fund Raiser:	F62 25,2	1. 2.7	
BOND SECTIONS	1012 0,0	<u> </u>	
			Il Carl
Start Date of Project: 4/1/25 Date of Sale(s)From: 5/1/25	Completion Date of To:	25	3/31/25
Sale Area/Location: ONLINE / CATA	186		
Sale will be monitored by: <u>CARLOS</u> ESC	PUICL		
*********ATTACH PUBLICATION FRO	M VENDOR OF ITEM	S TO BE S	SOLD*******
Vendor Representative's Name:	Heensonder		
Vendor Business Name: POPOIN PO	000011)		
Vendor Address: 1038 WASH	NOTON AVE		ALUMAN AND AND AND AND AND AND AND AND AND A
City: State & Zip code: Holland, M.	I, 49423		
Unit Cost of Product/Service: \$_	~		
Proposal Sale Price: \$_			
Total Cost of all Products Not to Exceed: \$_			
Minimum Total Profit Expected: \$_	1000		
Frauly E	Medical Sometime		
Signature:	`/)	Date: Z	112/25
Medal	त्तिकां शिवत्रहाँ विकास		,
Signature: The signature of the signatur		Date: 2	14/25
इद्रान्तिभा	resurestore wre		
Signature:	-	Date: 🏒	/18/25
Place for Eq.	EMPAMOVACEMENTACI		-
Month: Year: Approved:	YES NO	Ву:	



Applicantilnformation

Faculty Member (s): Esquivel, Coalos	Date:2/19/25
Club Name: <u>MARCHING GANI)</u> Acct. No.: <u>2033</u> Acct. Balance to D	Date:
Type of Fund Raiser:	25/26 SCANUS
Start Date of Project: 4/20 Completion Date Date of Sale(s)From: 4/20/25 To:	of Project:
Sale Area/Location: ONLINE Sale will be monitored by: CARCOS ESGUIRE	
*********ATTACH PUBLICATION FROM VENDOR OF ITI	EMS TO BE SOLD********
Vendor Representative's Name: <u>EUAN</u> OKAMOTO	
Vendor Business Name: <u>CEADING</u> EDGE	
Vendor Address: F2 NOSSOU ST # 62639	
City: State & Zip code: NY NY /0538	
Unit Cost of Product/Service: \$/\begin{array}{ c c c c c c c c c c c c c c c c c c c	
Proposal Sale Price: \$ \(\sum / \subset \)	
Total Cost of all Products Not to Exceed: \$_\times_\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
Minimum Total Profit Expected: \$ 5,000	
·	
Faculty Advisor Signature	
Signature:	Date: 2/19/25
Mee Principal Signature	/
Signature: Will Discourse	Date: 2 /19/25
School Treasurer Signature	
Signature:	Date: $3/3/25$
Placed on BOE Meeting Agenda F	COTH
Month: Year: Approved: YES NO	Ву:

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Faculty Member (s):	Applicant Information SMILOINO	alion	Date: 1/29/25	
Club Name: Key (106			·	
Acct. No.:# 46	A	cct. Balance to Date:_		
Type of Fundraiser: Dainti	ng Event			
Purpose of Fundraiser: Raise FUV KRY (1000) What are you		next DECON	(convention	
selling? Tickets	her entry to	even +		
	1rch 2005	letion Date of Project: To:_\JVh neld \A (&	June 2025 e 2025 feteria	
******ATTACH PUBL		OR 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 Ex	*	ficket "	of donations for	supp
Minimum Total Profit Expected:	\$ <u> </u>			
Signature:	Faculty Advisor Sig		ate: // J	
Signature:	(Vice) Principal Sig	Da	ate: 2/17/15	
Signature:	School Treasure Signature		ate: <u>2/18/</u> 25	
	Placed on BOE Meeting			
Month: Year:	YES Approved: [NO □ By:		



Applicant Information
Faculty Member (s): Jenniter Bisbaker 1 Tom O'Reilly Date: 2/4/25
Club Name: Sophomore class of 2027
Acct. No.: 2229 Acct. Balance to Date: 1,026
Type of Fund Raiser: Condy Fund (a) Sec
Purpose of Fund Raiser: 10150 1 to 1 class of 2027
M 1 10 Tree 10
Start Date of Project: Completion Date of Project: Office in the completion Date of Project:
Date of Sale(s): From To: Sale Area/Location:
0(1)
Sale will be monitored by:
*********ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*********
Vendor Representative's Name: Old tashion condy
Vendor Business Name: Old Fashion Candy V
Vendor Address: P.O. BoX 336.7
City: City: State & Zip code: TN, 47732
Unit Cost of Product/Service: \$ \(\sigma\rho(\omega\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Proposal Sale Price: \$ Sell for \$162
Total Cost of all Products Not to Exceed: \$ \(\lambda \) () () () Minimum Total Profit Expected: \$ \(\lambda \) () ()
The state of the s
Signature: Date: 2/4/25
Signature: Date: 2 / 18 / 2 S
VI UNU DE L'INTERNATION
Signature: Signature Signature Date: 2/18/25
Placed on BOE Meeting Agenda for: YES NO
Month: Year: Approved: 🗍 🗍 By:



Faculty Member (s):	Melissa Hannon	icant information	Date: 2/28/2025
Club Name: UHSPAC			
Acct. No.: 2077		Acct. Balance to D	ate:
Type of Fund Raiser:	Minute to Give It (don	nation collection)	
Purpose of Fund Raiser:	: Raise funds for produ	uction costs	
		on a timer during intermiss	ion at Into the Woods
Start Data of Duniont.	4/3/2025	Completion Date of Dr	ninot: 4/6/2025
Start Date of Project: Date of Sale(s): From	4/3/2025	Completion Date of Pro	/6/2025
Sale Area/Location:	UHS Theatre		10/2020
Sale will be monitored b			
********ATTAC	H PUBLICATION FF	ROM VENDOR OF ITEMS	TO BE SOLD*******
Vendor Representative's	s Name: NA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Vendor Business Name:			
Vendor Address			
	Sta	te & Zip code:	
Unit Cost of Product/Se	rvice:	\$ NA	
Proposal Sale Price:	to Not to Evened.	\$_donations \$_NA	
Total Cost of all Product Minimum Total Profit Ex		\$ 500	
Millingii Total Front Lx		· ·	
Signature:		y Advisor Signature ー/仏ハッパ	Date: <u>#2/28/2025</u>
Signature:	Vice F	Principal Signature	Date: 3/3/25
N/4	Cobod	Transpure Cierrature	7()
Signature:	School	Treasure Signature	Date: 3/3/25
- 4	Placed on E	BOE Meeting Agenda for:	
Month:Y	′ear: Ap _l	YES NO proved: ☐ ☐ B	зу:



F14 NA1			Applicant In)(O)(Me	illon		.	2/27/2025
raculty Memb	er (s):	Melissa Hanno	<u>N</u>				Date:_	2/27/2025
Club Name:	UHSPAC	Advanced Mus	ical Theatre	<u> </u>				
Acct. No.:	2077			A	cct. Balaı	nce to Date:		
Type of Fund	Raiser:	Bake sale						
Purpose of Fu	ınd Raiser:	Raise funds fo	or Advance	d Mus	ical The	eatre productio	n	
Start Date of F	Project:	2/1/2025		Compl	etion Da	te of Project:6/	1/2025	
Date of Sale(s	-	Date TBD	in April or			To: Date TBD		
Sale Area/Loc	ation:	Lobby		-				
Sale will be m	onitored by	: Melissa H						
		I PUBLICATIO Name: NA						
Tonaor Hopro	00111411100	MA				***************************************		
Vendor Busin	ess Name:	•						
Vendor Addre	es.							
City:				code:				
			•					
Unit Cost of P	roduct/Serv	rice:	•		ems wil	l be donated		
Proposal Sale			\$	1-5		<u> </u>		
Total Cost of	all Products	Not to Exceed:		0				
Minimum Tota	al Profit Exp	ected:	\$	100			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	<u>^</u>	A F	culty Advis	or Sig	nature			
Signature:		Mel	woh Harr	on_		Date:	2/27/2	:025
			/ice Principa		ature			
Signature:	Wilh	SM				Date:	3/3/	125
		Se	hool Treasu	ure Sic	matura		- 1 / 1	
Signature:	He					Date:	3/3,	725
		Placed	on BOE Me	eting /	Agenda	for:		
Month:	Ye		Approved:	YES	NO	Ву:		
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