



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 2/21/2025

Club Name: UHSPAC

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

Type of Fund Raiser: Dress Down - Month of April

Purpose of Fund Raiser: Raise funds for production costs, scholarships, and other UHSPAC needs

Start Date of Project: 1/3/2025 Completion Date of Project: 6/1/2025

Date of Sale(s): From 3/28/2025 To: 4/1/2025

Sale Area/Location: Main office

Sale will be monitored by: Melissa Hannon

***** 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: \$0

Proposal Sale Price: \$ 20

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

Minimum Total Profit Expected: \$ 1000

Faculty Advisor Signature

Signature: [Redacted] Melissa Hannon Date: 2/21/2025

Vice Principal Signature

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

School Treasure Signature

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

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): S. Daly, M. Minders, J. Daly Date: 2/20/25

Club Name: Senior Class

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

Type of Fund Raiser: Snack Sales

Purpose of Fund Raiser: Raise money for senior class events

Start Date of Project: 3/3/25 Completion Date of Project: 6/31/25

Date of Sale(s).....From: 3/20/25 To: 6/31/25

Sale Area/Location: UHS

Sale will be monitored by: S. Daly

***** 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>2/20/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>3/3/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>3/3/25</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): CARLOS ESQUIVEL Date: 2/12/25
 Club Name: MARCHING BAND
 Acct. No.: 2033 Acct. Balance to Date: _____

Type of Fund Raiser: POPPIN' POPCORN
 Purpose of Fund Raiser: _____
RAISE FUNDS FOR 25, 26, 27
BAND SEASON

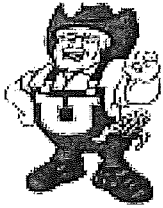
Start Date of Project: 4/1/25 Completion Date of Project: 4/31/25
 Date of Sale(s).....From: 5/1/25 To: 4/31/25

Sale Area/Location: ONLINE / CATALOG
 Sale will be monitored by: CARLOS ESQUIVEL

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

Vendor Representative's Name: SONJA HEENANDER
 Vendor Business Name: POPPIN' POPCORN
 Vendor Address: 1038 WASHINGTON AVE
 City: State & Zip code: HOLLAND, MI, 49423
 Unit Cost of Product/Service: \$ _____
 Proposal Sale Price: \$ _____
 Total Cost of all Products Not to Exceed: \$ _____
 Minimum Total Profit Expected: \$ 1000

Faculty Advisor Signature	
Signature: <u>[Signature]</u>	Date: <u>2/12/25</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>2/14/25</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>2/18/25</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): ESQUIVEL, Carlos Date: 2/19/25
 Club Name: MARCHING BAND
 Acct. No.: 2033 Acct. Balance to Date: _____

Type of Fund Raiser: DONATION/FUND DRIVE
 Purpose of Fund Raiser: RAISE FUND FOR 2024/25/26 SCORNS

Start Date of Project: 4/20 Completion Date of Project: 5/1
 Date of Sale(s).....From: 4/20/25 To: 5/1/25

Sale Area/Location: ONLINE
 Sale will be monitored by: CARLOS ESQUIVEL

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

Vendor Representative's Name: EVAN OKAMOTO
 Vendor Business Name: LEADING EDGE
 Vendor Address: 82 NOSSOV ST #62639
 City: State & Zip code: NY NY 10038
 Unit Cost of Product/Service: \$ N/A
 Proposal Sale Price: \$ N/A
 Total Cost of all Products Not to Exceed: \$ N/A
 Minimum Total Profit Expected: \$ 2,000

Faculty Advisor Signature	
Signature:	Date: <u>2/19/25</u>
Vice Principal Signature	
Signature:	Date: <u>2/19/25</u>
School Treasurer Signature	
Signature:	Date: <u>3/3/25</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____

Union High School [NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Julia Saladino Date: 1/29/25

Club Name: Key Club

Acct. No.: #46 Acct. Balance to Date: _____

Type of Fundraiser: Painting Event

Purpose of Fundraiser: Raise money for next DECON (convention for Key Club)

What are you selling? tickets for entry to event

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

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

Sale Area/Location: Event will be held in cafeteria

Sale will be monitored by: Julia Saladino

***** 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: \$5 / ticket \$100 + donations for supplies

Proposal Sale Price: \$5 / ticket

Total Cost of all Products Not to Exceed: \$100

Minimum Total Profit Expected: \$250

Faculty Advisor Signature

Signature: [Signature] Date: 1/29/25

(Vice) Principal Signature

Signature: [Signature] Date: 2/12/25

School Treasure Signature

Signature: [Signature] Date: 2/18/25

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Jennifer Brubaker & 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: Candy fundraiser

Purpose of Fund Raiser: raise \$ for class of 2027

Start Date of Project: March 19 Completion Date of Project: June 19

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

Sale Area/Location: UHS

Sale will be monitored by: Brubaker & O'Reilly

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

Vendor Representative's Name: Old Fashion Candy

Vendor Business Name: Old Fashion Candy

Vendor Address: P.O. BOX 3367

City: Evansville State & Zip code: IN, 47732

Unit Cost of Product/Service: \$ _____ aprox. \$70 / Box

Proposal Sale Price: \$ _____ sell for \$162

Total Cost of all Products Not to Exceed: \$ _____ 2,000

Minimum Total Profit Expected: \$ _____ 600

Faculty Advisor Signature

Signature: [Signature] Date: 2/4/25

Vice Principal Signature

Signature: [Signature] Date: 2/18/25

School Treasure Signature

Signature: [Signature] Date: 2/18/25

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 2/28/2025

Club Name: UHSPAC

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

.....
Type of Fund Raiser: Minute to Give It (donation collection)

Purpose of Fund Raiser: Raise funds for production costs
Cast members will collect donations on a timer during intermission at Into the Woods performances.

Start Date of Project: 4/3/2025 Completion Date of Project: 4/6/2025

Date of Sale(s): From 4/3/2025 To: 4/6/2025

Sale Area/Location: UHS Theatre

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: \$ donations

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

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature

Signature:  Melissa Hannon Date: 2/28/2025

Vice Principal Signature

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

School Treasure Signature

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

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Melissa Hannon Date: 2/27/2025

Club Name: UHSPAC/Advanced Musical Theatre

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

Type of Fund Raiser: Bake sale

Purpose of Fund Raiser: Raise funds for Advanced Musical Theatre production

Start Date of Project: 2/1/2025 Completion Date of Project: 6/1/2025

Date of Sale(s): From Date TBD in April or May To: Date TBD in April or May

Sale Area/Location: Lobby

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: \$ 0 - items will be donated

Proposal Sale Price: \$ 1-5

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

Minimum Total Profit Expected: \$ 100

Faculty Advisor Signature

Signature: [Redacted] Melissa Hannon Date: 2/27/2025

Vice Principal Signature

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

School Treasure Signature

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

Placed on BOE Meeting Agenda for:

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