

[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRANE Date: 9-17-24

Club Name: WES Student Council

Acct. No.: 2004 Acct. Balance to Date: \$2089.20

Type of Fund Raiser: Light up hallways, Valentines telegrams, Read-a-Thon, Walk athon, Flower Petal P
Bake Sale,

Purpose of Fund Raiser: To raise money for charity - philanthropic causes

Start Date of Project: 12-1-24 Completion Date of Project: 6-30-25

Date of Sale(s): From 12-1-24 To: 6-15-25

Sale Area/Location: Washington School

Sale will be monitored by: Michael Riley, Jen CRANE

***** 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: Michael Riley Date: 9-17-24

(Vice) Principal Signature

Signature: Kelley Kiano Date: 9/17/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

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

[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRANE Date: 9-17-24

Club Name: WES Student Council

Acct. No.: 2004 Acct. Balance to Date: \$ 2080.26

Type of Fund Raiser: School store

Purpose of Fund Raiser: To raise money for charity - Philanthropic causes

Start Date of Project: 12-1-24 Completion Date of Project: 6-15-25
 Date of Sale(s): From 12-1-24 To: 6-15-25
 Sale Area/Location: Washington School Auditorium
 Sale will be monitored by: Michael Riley, Jen CRANE

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

Vendor Representative's Name: Geeddes School Supplies and Toys

Vendor Business Name: Geeddes School Supplies and Toys

Vendor Address: 7110 Belair Rd.
 City: Baltimore State & Zip code: MD 21206

Unit Cost of Product/Service:	\$ 0.15 - \$3.00
Proposal Sale Price:	\$ 0.25 - \$3.50
Total Cost of all Products Not to Exceed:	\$
Minimum Total Profit Expected:	\$ 50.00

Faculty Advisor Signature

Signature: [Signature] Date: 9-17-24

(Vice) Principal Signature

Signature: [Signature] Date: 9/17/24

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____	Year: _____	Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____
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UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Daly Date: 9/19/24

Club Name: Softball

Acct. No.: 3340 Acct. Balance to Date: _____

Type of Fund Raiser: World's Best Chocolate

Purpose of Fund Raiser: Raise money for end of the year events, Senior day,

Start Date of Project: 10/16/24 Completion Date of Project: 6/24/25

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

Sale Area/Location: UHS

Sale will be monitored by: 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: [Signature] Date: 9/19/24

Vice Principal Signature

Signature: [Signature] Date: 9/19/24

School Treasure Signature

Signature: [Signature] Date: 9/19/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dana Bobertz Date: 6/14/2024

Club Name: Farmer Fam/UMatter

Acct. No.: 2226/2005 Acct. Balance to Date: \$79.66/\$356.44

Type of Fund Raiser: T-Shirt Sale

Purpose of Fund Raiser: To raise money for fall activities and continue to build the UHS student community

Start Date of Project: 9/5/2024 Completion Date of Project: 10/4/2024

Date of Sale(s): From 9/5/2024 To: 10/4/2024

Sale Area/Location: online (pay and ship direct to customer)

Sale will be monitored by: D. Bobertz

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

Vendor Representative's Name: _____

Vendor Business Name: Custom Ink

Vendor Address: 126 Central Avenue

City: Westfield State & Zip code: NJ, 07090

Unit Cost of Product/Service: \$\$15-18

Proposal Sale Price: \$\$20

Total Cost of all Products Not to Exceed: \$\$2000

Minimum Total Profit Expected: \$\$200

Faculty Advisor Signature

Signature: [Signature] Date: 6/14/2024

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dana Bobertz Date: 6/14/2024

Club Name: Farmer Fam/UMatter

Acct. No.: 2226/2005 Acct. Balance to Date: \$79.66/\$356.44

Type of Fund Raiser: Farmer Social

Purpose of Fund Raiser: To raise money for fall activities and continue to build the UHS student community

Start Date of Project: September 6, 2024 Completion Date of Project: September 6, 2024

Date of Sale(s): From September 6, 2024 To: September 6, 2024

Sale Area/Location: UHS Practice Field

Sale will be monitored by: D. Bobertz

*****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: *Dana Bobertz* Date: 6/14/2024

Vice Principal Signature

Signature: *Willie* Date: 9/18/24

School Treasure Signature

Signature: *Willie* Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Daly, Menders Date: 9/13/24

Club Name: Senior Class

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

Type of Fund Raiser: Senior T-shirts and Graduation Lawn Signs

Purpose of Fund Raiser: Raise money for Senior Events

Start Date of Project: 9/13/24 Completion Date of Project: 6/30/25

Date of Sale(s): From 9/13/24 To: 6/30/25

Sale Area/Location: UHS

Sale will be monitored by: Daly, 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: [Signature] Date: 9/13/24

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Daly, Menders Date: 9/13/24

Club Name: Senior Class

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

Type of Fund Raiser: Chipotle, Dine to Donate, Restaurant Fundraisers

Purpose of Fund Raiser: Raise money for Senior day, Senior events, equipment/props needed for events

Start Date of Project: 9/13/24 Completion Date of Project: 6/30/25

Date of Sale(s): From 9/13/24 To: 6/30/25

Sale Area/Location: Chipotle

Sale will be monitored by: Daly, 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: [Signature] Date: 9/13/24

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Daly, Menders Date: 9/13/24

Club Name: Senior Class

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

Type of Fund Raiser: Mr. UHS

Purpose of Fund Raiser: Raise money for ^{end of the year} Senior events

Start Date of Project: 9/13/24 Completion Date of Project: 6/30/25

Date of Sale(s): From 9/13/24 To: 6/30/25

Sale Area/Location: UHS

Sale will be monitored by: ~~Mr. UHS~~ Daly, 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: [Signature] Date: 9/13/24

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Daly, Menden Date: 9/13/24

Club Name: Senior Class

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

Type of Fund Raiser: Fashion Show

Purpose of Fund Raiser: Raise money for end of the year senior events

Start Date of Project: 9/13/24 Completion Date of Project: 6/30/23

Date of Sale(s): From 9/13/24 To: 6/30/23

Sale Area/Location: UHS

Sale will be monitored by: Daly, Menden

*****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: [Signature] Date: 9/13/24

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 09/17/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: DINE TO DONATE

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS

Start Date of Project: 10/2024 Completion Date of Project: END OF SCHOOL YEAR

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

***** 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: [Signature] Date: 09/17/2024

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRIPP + JADA NYARKO Date: 09/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228

Acct. Balance to Date: \$0.00

Type of Fund Raiser: SNACK SALE

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS AND PROVIDE STUDENTS WITH SNACK ALTERNATIVES NOT AVAILABLE THROUGHOUT THE DAY

Start Date of Project: 10/2024 Completion Date of Project: END OF SCHOOL YEAR

Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL

Sale Area/Location: UNION HIGH SCHOOL / C-117 / A-109

Sale will be monitored by: ERIC TRIPP + JADA NYARKO

***** 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: [Signature] Date: 09/17/2024

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): ERIC TRAPP + JADA NYARKO Date: 09/09/2024

Club Name: JUNIOR CLASS

Acct. No.: 2228 Acct. Balance to Date: \$0.00

Type of Fund Raiser: CLASS OF 2026 APPAREL

Purpose of Fund Raiser: RAISE MONEY FOR JUNIOR CLASS AND PROVIDE CLASS SPECIFIC SCHOOL APPAREL TO THE STUDENTS

Start Date of Project: 10/2024 Completion Date of Project: TBD

Date of Sale(s): From BOE APPROVAL To: TBD

Sale Area/Location: UNION HIGH SCHOOL 1C-117/A-109

Sale will be monitored by: ERIC TRAPP + JADA NYARKO

***** 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: [Signature] Date: 09/17/2024

Vice Principal Signature

Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): JENNIFER BRUBAKER & THOMAS O'REILLY Date: 9/17/24

Club Name: SOPHOMORE CLASS

Acct. No.: 2229 Acct. Balance to Date: \$0.00

Type of Fund Raiser: SNACK SALE

Purpose of Fund Raiser: TO RAISE FUNDS FOR THE CLASS OF 2027 ACTIVITIES.

Start Date of Project: OCTOBER 2024 Completion Date of Project: JUNE 2025
Date of Sale(s): From BOE APPROVAL To: LAST DAY OF SCHOOL
Sale Area/Location: UHS, C103, B106
Sale will be monitored by: T. O'REILLY & J. BRUBAKER

*****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: Thomas O'Reilly Date: 9/17/24

Vice Principal Signature

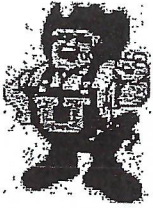
Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): JADA MYRICO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: SNACK SALE
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

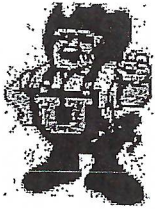
Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: _____
 Sale will be monitored by: JADA MYRICO UHS

***** 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:	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature:	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature:	Date: <u>9/18/24</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): JADA NIARKO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: PIE & TEACHER
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

Start Date of Project: Oct 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS
 Sale will be monitored by: JADA NIARKO

*****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:	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature:	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature:	Date: <u>9/18/24</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): JADA MARILO Date: 01/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: SODA MACHINES
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

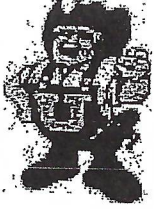
Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: _____
 Sale will be monitored by: UHS JADA MARILO

***** 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:	Date: <u>01/16/24</u>
Principal/Vice Principal Signature	
Signature:	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature:	Date: <u>9/18/24</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): JADA MARIKO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: CANDY GRAM
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

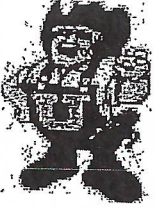
Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: _____
 Sale will be monitored by: UHS JADA MARIKO

*****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:	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature:	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature:	Date: <u>9/18/24</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): JADA MARKO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: BAKE SALE
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

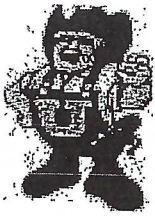
Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: _____ UHS
 Sale will be monitored by: JADA MARKO

***** 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:	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature:	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature:	Date: <u>9/18/24</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): JADA NYARKO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

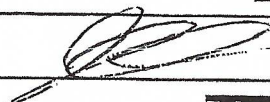
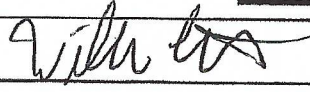
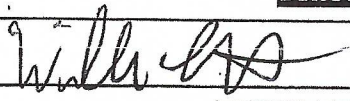
Type of Fund Raiser: Apparel Sale - T shirts - Bob and Graphics
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

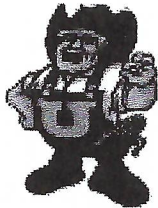
Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS
 Sale will be monitored by: JADA NYARKO

*****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: 	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature: 	Date: <u>9/18/24</u>
School Treasurer Signature	
Signature: 	Date: <u>9/18/24</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): J. Daly & R. Richardson Date: 9/16/2024
 Club Name: National Honor Society
 Acct. No.: 2049 Acct. Balance to Date: _____

Type of Fund Raiser: Pink Ribbon Sale for Breast Cancer
 Purpose of Fund Raiser: Awareness Month

Start Date of Project: 10/28/2024 Completion Date of Project: 11/1/2024
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: OHS
 Sale will be monitored by: J. Daly & 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>Jae Daly</u>	Date: <u>9/16/2024</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/16/24</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/16/24</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): J. Daly & R. Richardson Date: 9/16/2024
 Club Name: National Honor Society
 Acct. No.: 2049 Acct. Balance to Date: _____

Type of Fund Raiser: Little Bites & Chips & Cookies
 Purpose of Fund Raiser: Raise money for end of year NHS Activities

Start Date of Project: November 2024 Completion Date of Project: May 2025
 Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UHS
 Sale will be monitored by: J. Daly & R. 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>Joe Daly</u>	Date: <u>9/16/2024</u>
Principal/Vice Principal Signature	
Signature: <u>Walter</u>	Date: <u>9/16/24</u>
School Treasurer Signature	
Signature: <u>Walter</u>	Date: <u>9/16/24</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): Dana Bobertz Date: 6/14/2024

Club Name: Farmer Fam/UMatter

Acct. No.: 2226/2005 Acct. Balance to Date: \$79.66/\$356.44

Type of Fund Raiser: DONATIONS for Everything But the Turkey and Giving Tree

Purpose of Fund Raiser: to aid TUPS familes in need during the holiday season

Start Date of Project: November 1, 2024 Completion Date of Project: December 20, 2024

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

Sale Area/Location: Union High School

Sale will be monitored by: D. Bobertz

***** 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: [Signature] Date: 6/14/2024

Vice Principal Signature

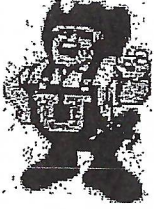
Signature: [Signature] Date: 9/18/24

School Treasure Signature

Signature: [Signature] Date: 9/18/24

Placed on BOE Meeting Agenda for:

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



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): JADA MARKO Date: 9/16/24
 Club Name: PROM
 Acct. No.: 2012 Acct. Balance to Date: _____

Type of Fund Raiser: STEP CHALLENGE
 Purpose of Fund Raiser: TO RAISE MONEY FOR PROM

Start Date of Project: OCT 2024 Completion Date of Project: JUNE 2025
 Date of Sale(s).....From: MO To: _____

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

*****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:	Date: <u>9/16/24</u>
Principal/Vice Principal Signature	
Signature: _____	Date: _____
School Treasurer Signature	
Signature: _____	Date: _____
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	By: _____