



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): MARJORIE HARGRAVE Date: 10/2/26
Club Name: UHS STEP TEAM
Acct. No.: 2234 Acct. Balance to Date: _____

Type of Fund Raiser: BAKE & CANDY SALES
Purpose of Fund Raiser: to raise money to purchase uniforms & cover ups.

Start Date of Project: 11/1/26 Completion Date of Project: 6/30/27
Date of Sale(s).....From: _____ To: _____

Sale Area/Location: UNION HIGH SCHOOL
Sale will be monitored by: MS. HARGRAVE (ADVISOR)

***** 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>Marjorie Hargrave</u>	Date: <u>10/2/26</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>10/5/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>10/5/26</u>
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: 10/2/26
Club Name: UHS Step Team
Acct. No.: 2034 Acct. Balance to Date: _____

Type of Fund Raiser: DOUBLE GOOD PORBORN
Purpose of Fund Raiser: To raise money for uniforms, cover
ups, etc...

Start Date of Project: 11/13/26 Completion Date of Project: 11/16/26
Date of Sale(s).....From: 11/13/26 To: 11/16/26

Sale Area/Location: VIRTUAL ON LINE
Sale will be monitored by: ADVISOR, TEAM, & DOUBLE GOOD

***** 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>Marjorie Hargrave</u>	Date: <u>10/2/26</u>
Principal/Vice Principal Signature	
Signature: <u>Walter Hargrave</u>	Date: <u>10/5/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>10/5/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____

[X Continue Shopping](#)



SET OF 10

The Perfect 10

The supreme set. From savory to spicy, salty to sweet, enjoy ten of our irresistible flavors

Each bag contains approximately 5 Cups

\$99 ~~\$123~~ Save \$24

Add to Cart \$99

♥ Each order is handcrafted and ships anywhere in the USA.



Butter Believe It!	+
Caramel-Diem	+
Easy Peasy Caramel Cheesy	+
Holla-Peño	+
In Queso Fire	+
Little Kettle That Could	+
My Main Cheese	+
Sergeant Salt & Pepper	+
Sweetie, You Salty	+
White Cheddar Go Getter	+



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Eric Tripp, Jada Nyarko, Jessie Scott Date: 9/29/26

Club Name: Senior Class

Acct. No.: 2527 Acct. Balance to Date: \$ 0

Type of Fund Raiser: pie a player

Purpose of Fund Raiser: Raise money for Class of 2027 end of year activities : Senior Trip

Start Date of Project: NOV 2026 Completion Date of Project: June 2027

Date of Sale(s).....From: B.O.E. Approval To: Last Day of School

Sale Area/Location: Union High School

Sale will be monitored by: Eric Tripp, Jada Nyarko, Jessie Scott

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

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

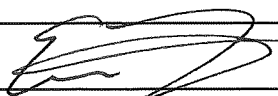
City: State & Zip code: _____

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>09/29/2026</u>
Principal/Vice Principal Signature	
Signature: 	Date: <u>9/30/26</u>
School Treasurer Signature	
Signature: 	Date: <u>9/30/26</u>
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: 9/23/26
Club Name: UHSPAC
Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Playbill ad and patron package sales for fall and spring productions
Purpose of Fund Raiser: Raise funds for productions

Start Date of Project: 10/1 Completion Date of Project: 4/12
Date of Sale(s).....From: 11/1 To: 4/1

Sale Area/Location: Individual sales
Sale will be monitored by: M Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: 11thhourDesign

Vendor Address: _____

City: State & Zip code: Cranford, NJ

Unit Cost of Product/Service: \$ approx 1-2 per program
Proposal Sale Price: \$ 30 - \$5,000 depending on ad size and package/sponsorship type
Total Cost of all Products Not to Exceed: \$ 1500
Minimum Total Profit Expected: \$ 3000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/23/26</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
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: 9/23/26
Club Name: UHSPAC
Acct. No.: 2077/2045 Acct. Balance to Date: _____

Type of Fund Raiser: Snack sale
Purpose of Fund Raiser: Raise funds for competition trip and UHSPAC productions

Start Date of Project: 10/1 Completion Date of Project: 5/1
Date of Sale(s).....From: 11/1 To: 4/1

Sale Area/Location: Individual sales
Sale will be monitored by: M Hannon/C Esquivel

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

Vendor Representative's Name: _____

Vendor Business Name: Old Fashion Candy, Freedom Fundraising, Donated items

Vendor Address: _____

City: State & Zip code: Edison, NJ

Unit Cost of Product/Service: \$ 1-2 per item

Proposal Sale Price: \$ 2-3 per item

Total Cost of all Products Not to Exceed: \$ 5000

Minimum Total Profit Expected: \$ 5000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/23/26</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
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: 9/23/26
Club Name: UHSPAC
Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Concessions

Purpose of Fund Raiser: Raise funds for fall and spring productions

Start Date of Project: 10/1 Completion Date of Project: 12/13
Date of Sale(s).....From: 12/11 To: 12/13

Sale Area/Location: Lobby

Sale will be monitored by: M Hannon

*****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: \$ 1000

Minimum Total Profit Expected: \$ 500

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/23/26</u>
Principal/Vice Principal Signature	
Signature: <u>J-2A</u>	Date: <u>9/29/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
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: 9/23/26
Club Name: UHSPAC
Acct. No.: 2077 Acct. Balance to Date: _____

Type of Fund Raiser: Fall play - 8 Minutes Left

Purpose of Fund Raiser: Raise funds for fall and spring productions

Start Date of Project: 10/1 Completion Date of Project: 12/13
Date of Sale(s).....From: 10/28 To: 12/13

Sale Area/Location: online, lobby

Sale will be monitored by: M Hannon

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

Vendor Representative's Name: _____

Vendor Business Name: Ludus Ticketing

Vendor Address: _____

City: State & Zip code: _____

Unit Cost of Product/Service: \$ NA

Proposal Sale Price: \$ 10 per ticket

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

Minimum Total Profit Expected: \$ 1,000

Faculty Advisor Signature	
Signature: <u>Melissa Hannon</u>	Date: <u>9/23/26</u>
Principal/Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/28/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Dayana Langley Date: 9/22/26
Club Name: Cheerleading
Acct. No.: 2029 Acct. Balance to Date: _____

Type of Fund Raiser: Bake / snack sale
Purpose of Fund Raiser: new uniforms, senior day gifts

Start Date of Project: 09/2026 Completion Date of Project: 06/2027
Date of Sale(s).....From: 09/2026 To: 06/2027

Sale Area/Location: Union high
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>9/22/26</u>
Vice Principal Signature	
Signature: <u>[Signature]</u>	Date: <u>9/22/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/23/26</u>
Placed on BOE Meeting Agenda For	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____



UNION HIGH SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Danana Langley Date: 9/22/26
Club Name: Cheerleading
Acct. No.: 2029 Acct. Balance to Date: _____

Type of Fund Raiser: Chipotle fundraiser
Purpose of Fund Raiser: new uniforms

Start Date of Project: 10/20/26 Completion Date of Project: 11/20/26
Date of Sale(s).....From: 10/20/2026 To: 10/31/2026

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: <u>D. Langley</u>	Date: <u>9/22/26</u>
Vice Principal Signature	
Signature: <u>Willen</u>	Date: <u>9/22/26</u>
School Treasurer Signature	
Signature: <u>[Signature]</u>	Date: <u>9/23/26</u>
Placed on BOE Meeting Agenda For:	
Month: _____ Year: _____ Approved: ☐ YES ☐ NO	By: _____