

**MAURY BOOSTER ASSOCIATION**  
**Request for Funds Form**

Before completing this form please read carefully the grants section at  
[www.mauryboosters.org](http://www.mauryboosters.org).

Date submitted \_\_\_\_\_

Organization or Department: \_\_\_\_\_

Requesting sponsor or faculty member: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

1. I am requesting funding for the following project, need or equipment. (Please attach specific description, exact cost, catalog pictures and other supporting information).

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

**Total request for funds:** \$ \_\_\_\_\_

2a. Number of Maury students who will directly benefit from this purchase each year: \_\_\_\_\_.

b. If there are students who will indirectly benefit from this purchase, please give the number:  
\_\_\_\_\_.

3. Please explain how this request will help Maury High School and its students. (Please be specific and attach an additional sheet, if needed.)

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4. Balance in your organization's treasury: \$ \_\_\_\_\_. If funds are earmarked for a specific purpose, please explain

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(See page 2)

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**Maury Booster Association  
Request for Funds Form  
Page 2**

5. Have you requested funding from Norfolk Public Schools? If so, what were you told?

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6. Please list other ways you plan to raise funds for this project (i.e. other funders you will approach, fundraisers you plan to have, etc.). If the Boosters partially fund your request, how will you raise the remainder of the funds needed?

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*All funding requests must be signed by your department chair and principal in order to be considered.*

*Please supply **two copies** of your request and supporting materials. Completed forms must be placed in the Maury Booster mailbox in the Maury office no later than the Friday before the next Maury Booster Association board meeting. For the meeting schedule visit [www.mauryboosters.org](http://www.mauryboosters.org).*

*If you have question, please e-mail [mauryboosters@gmail.com](mailto:mauryboosters@gmail.com). Please note that all grant recipients will be required to provide copies of receipts for all purchases made with Booster grant funds.*

**Required Signatures:**

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Department Chair

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Amount Approved

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Principal

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Check Number

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Maury Booster Representative  
(to be signed once a decision is made)

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Date

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