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|--|--|---|
| <b>Serra High School Foundation<br/>Athletic Request for Grant</b> |  | Grant Year:<br><input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Spring |
| Requestor's Name:<br>(First and Last)                              | Position:<br>(i.e. Coach, Teacher, Student, Parent)  | Phone and email:  |
| Sport:   | Level:<br><input type="checkbox"/> Freshmen <input type="checkbox"/> JV <input type="checkbox"/> Varsity<br>Or other _____ | Amount Requested:<br>\$<br><i>Vendor quote/pricing must be attached to this Request</i>             |

**REQUESTED ITEMS**

| Item              | Date Last Purchased<br>(if applicable) | Quantity Requested | Reason for Purchase | Total Cost | # of Players this Benefits |
|-------------------|--|--------------------|---------------------|------------|----------------------------|
| Team Uniforms     |  |                    |                     | \$         |                            |
| Practice Uniforms |  |                    |                     | \$         |                            |
| Equipment<br>1.   |  |                    |                     | \$         |                            |
| 2.                |  |                    |                     | \$         |                            |
| 3.                |  |                    |                     | \$         |                            |

**TOURNAMENTS AND FEES**

| Tournament Name       | Date of Event | Date Needed | Fee | # of Players this Benefits |
|-----------------------|---------------|-------------|-----|----------------------------|
| 1.                    |               |             | \$  |                            |
| 2.                    |               |             | \$  |                            |
| Referee/Official Fees |               |             |     |                            |

**OTHER REQUESTS**

| Item | Reason | Cost | # of Players this Benefits |
|------|--------|------|----------------------------|
|      |        | \$   |                            |

**FUNDRAISING EFFORTS**

|             |       |                      |
|-------------|-------|----------------------|
| Fundraiser: | Date: | Amount Raised:<br>\$ |
| Fundraiser: | Date: | Amount Raised:<br>\$ |

**REQUIRED APPROVALS**

|                   |           |
|-------------------|-----------|
| Coach             | Comments: |
| Athletic Director | Comments: |
| Principal         | Comments: |

**GRANT COMMITTEE ONLY**

|  |   |
|--|---|
| <input type="radio"/> Approved    Amount: \$ | <input type="radio"/> Denied. Reason:                                   |
| Comments:                                    | Grant Committee Chair Signature <span style="float: right;">Date</span> |