

HORNET FUND

Application for Funds

Request made by: Student__ Parent__ Staff__ (name_____)

NAME: _____
Last First Middle Grade

Address: _____
Street Telephone

Parent/Guardian: _____
Last First Middle

I am requesting Hornet Funds for: (include activity / item, dates, place, time, cost, etc.)

Request For:	Amount	Request for:	Amount

Explain your reason for requesting this award. Please indicate what you believe your personal or educational benefit from participating in the activity.

Please attach appropriate applications, receipts, etc., and submit to the Allocations Committee Chairperson. No monies will be paid directly to the recipient.

In the event I am selected to be a Hornet Fund recipient, and upon the conclusion of my participation in the funded activity, I will submit a written presentation to the Allocations Committee.

RECIPIENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____
(if applicable)

Total amount requested \$ _____
Amount funded \$ _____

Date received: _____
Decision by: email date _____ meeting date _____

Financial Office notified _____