



Alumni Association

**MHSAA GRANT REQUEST FORM**

*The Marion High School Alumni Association is dedicated to helping meet the needs of its local community in line with the principles of the MHSAA Bylaws. Requests must be approved by applicable program or department leader and building principal before submission. (Please be advised that requests for political contributions or donations to be political causes will not be considered.) All approved requests will be paid by check only.*

**DATE OF REQUEST:** \_\_\_\_\_ **AMOUNT REQUESTED:** \_\_\_\_\_

**NAME OF ORGANIZATION / GROUP & SCHOOL:** \_\_\_\_\_

**PHONE / EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**SECONDARY CONTACT:** \_\_\_\_\_

**Are you authorized to request funds on behalf of the organization / group? ( ) YES ( ) NO**

\_\_\_\_\_  
AD or program director approval signature(required if applicable)

\_\_\_\_\_  
Principal approval signature(required)

**Is the organization a tax exempt 501(c)3 non-profit? ( ) NO ( ) YES**

**Briefly describe the project request / primary purpose / mission / anticipated outcomes (Attach supporting documentation if available.)**

**TIMELINE OF ACTIVITY:**

**BUDGET:**

<i>Expenditure Category</i>	<i>MHSAA Fund Request</i>	<i>Funds from other sources</i>	<i>Total</i>

**PLANS TO MEASURE AND COMMUNICATE PROJECT RESULTS:**

Has MHSAA given to your group in the previous 12 months? ( ) YES ( ) NO

What other local sources of funding are available to support the project?

By signing below, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a donation be awarded, to the use of the organization's name and other information (logo, photos of the organization and its agents, etc.) in any promotional material generated by Marion High School Alumni Association for their use and related publicity. I (we) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501©3 status, if so requested by MHSAA. I (we) agree that this form and any additional information provided to HHSAA about the organization will be kept and not returned, regardless of whether the request for donation is approved or declined.

SIGNATURE OF REQUESTER: \_\_\_\_\_

TITLE OF REQUESTER: \_\_\_\_\_

PHONE/EMAIL \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Name / Address to be mailed to: (If applicable)

**FOR MHSAA USE ONLY**

Date request received \_\_\_\_\_ Received by: \_\_\_\_\_

( ) APPROVED ( ) DECLINED ( ) PENDING

Amount Requested: \$ \_\_\_\_\_

( ) CHECK MAILED (Date: \_\_\_\_\_)

Amount Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

-or-

( ) CHECK PICKED UP / RECEIVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_