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)

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

TIMELINE OF ACTIVITY:

BUDGET:

Expenditure Category	MHSAA Fund Request	Funds from other sources	Total

FORM CONTINUES ON REVERSE SIDE >>

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: $_____

                                                   Amount Received: $ _____

 ( ) CHECK MAILED (Date: _____)

   -or-   Date: _____

( ) CHECK PICKED UP / RECEIVED BY: _____ Date: _____

SOURCE OF FUNDS: _____

NOTES:

_____
_____
_____
_____