



JUNCTION CITY TIGER CLUB REQUEST FOR FUNDS (GENERAL)

Group Name: _____ Adult Advisor: _____

Group Contact (Name, Phone and/or e-mail): _____

Event Name: _____

Date of Event: _____ Place of Event: _____

Total Members of Your Group: _____ Number attending event: _____

If not all of your members are attending, why not? _____

Do any members of your group live outside the Junction City School District or not attend a Junction City School? _____ No _____ Yes. If yes, how many live outside the district? _____

Do not attend school? _____

Total Cost to your Group for attending the event: _____

Total Amount requesting from Tiger Club: _____

How will this event represent or benefit your school or community by attendance, participation or competing (attach an additional sheet if needed): _____

If request is approved, who should check be made out to? _____

Delivered to (if by mail, please give address): _____

Tiger Club Use Only

Date application received: Date oral presentation scheduled: _____

Application approved? _____ Yes _____ No _____ Partially Amount awarded: _____

If denied or partial award - reason: _____

Tiger Club Secretary's initials: _____

Check Number: _____ Date of check: _____ Initials of person writing check: _____