# FOREST PARK ACADEMIC BOOSTERS
# REQUEST FOR FUNDS

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Date of request: ____________________ Date funds needed: ____________________

Requesting Organization/Staff:__________________________________________

Contact person, phone number and e-mail:________________________________

____________________________________________________________________

Number/names of students involved:_____________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Amount requested: $____________________
_______lump sum
_______per student

Brief Description: ______________________________________________________

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**Academic Boosters approval for: $____________________**
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