

**HRHS Falcon Academic Booster
Funds Request Form
Email to: hrhsfab@gmail.com**

Check payable to: _____
Address to send check: _____
Requested amount: _____
Requested by (name): _____
Email address: _____
Date check needed: _____

What will the funds be used for? (Description on use of grant)

What students/specific classes will benefit from this purchase?

Describe how this will impact instruction and learning at HRHS:

Other information you wish to provide:

NOTE: PLEASE INCLUDE A COPY OF A BID, ITEM NAME, DESCRIPTION, PRICE IF APPLICABLE

HRHS FAB Treasurer Use Only:

Date Request Rec'd: _____
Action Taken by FAB Board: _____
Applicant Notified Of Decision: _____
Date Turned In To FAB Treasurer: _____
Date Check Issued by FAB: _____