



Scorpion Athletic Booster Club 2020 Legacy Fund II Application

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|---|-----------|---|-----------------------|--|--|
| Project Name | | | Date Submitted | | |
| Team or Teams Applying | | | | | |
| Coach(es) Applying | | | | | |
| Amount Requested | \$ _____ | Do you have matching funds? Yes _____ No _____ | | | |
| Team Matching Funds | \$ _____ | (Team matching funds should equal or exceed amount requested) | | | |
| Total Costs | \$ _____ | | | | |
| Did you attach vendor proposal outlining all expenses? | Yes _____ | No _____ | (Required) | | |

Project Description

How will this project benefit ACHS athletics?

Proposed Budget

| Item Cost | Item Description |
|-----------|------------------|
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|------------------------|-------|
| ACHS Coach's Signature | Date: |
| ACHS Coach's Signature | Date: |
| ACHS Coach's Signature | Date: |
| ACHS Coach's Signature | Date: |

Please attach any supporting documents to show material and labor costs.