

# Spirit Shop Legacy Fund Funding Request Form for Hopkins High School Organizations

Email: [spiritshoplegacyfund@gmail.com](mailto:spiritshoplegacyfund@gmail.com)

**Instructions:**

- ✓ Submit request at least 2 weeks prior to need. The grants email is checked every Tuesday while school is in session.
- ✓ We do not fund travel or dining expenses, or requests that can be funded from other sources.
- ✓ We do not typically fund consumables, preferring to fund items that last beyond a single year or season.
- ✓ Checks must be made out to an organization, not an individual.
- ✓ Type or print clearly.

Date: \_\_\_\_\_

Name of HHS Organization: \_\_\_\_\_

Number of Students on Organization impacted by this request: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

Phone Number – home | cell | work (circle one): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Organization to Receive Check (“payable to”): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**1. What total amount are you requesting from the Legacy Fund?** \_\_\_\_\_

**2. Please itemize the items / amounts / reasons for the grant?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Have you asked Dan Johnson/Athletic Office if they will cover this expense? Yes | No (if no, please do)**

**4: What have you done to raise funds?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Provide any other information that might impact our decision (use back or second page):**

**7. What date do you need these funds?** \_\_\_\_\_

<b>Legacy Fund Use Only:</b>	Amt Requested: _____
<input type="checkbox"/> SV <input type="checkbox"/> DH	Amt Approved: _____
<input type="checkbox"/> VM <input type="checkbox"/> AK	Date: _____
<input type="checkbox"/> JH <input type="checkbox"/> LO	Check # _____