

# Saugus High School Centurion Foundation

## Funding Request Form

Requestor Name \_\_\_\_\_

Email \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

Funding Request – *proposed item(s)*

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**Funding Purpose** – *Briefly describe how the funds will be spent and/or how the item purchased will be used. Please indicate the population of students who will benefit from the purchase.*

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\*Cost \_\_\_\_\_

*Every effort is made by the Centurion Foundation to be fair and equitable when considering funding requests for teachers, staff, and booster club board members.. All requests are considered on a case by case basis. While the Centurion Foundation would like to honor all requests for funds, we have a limited amount of unrestricted funding to work with. The Centurion Foundation gives preference to funding requests that will impact as many students as possible, with consideration given to those that provide a longer-term benefit.*

For additional questions, contact the SHS Centurion Foundation at [centurionfoundation@gmail.com](mailto:centurionfoundation@gmail.com).

Approved \_\_\_\_\_

Date \_\_\_\_\_

Check Number \_\_\_\_\_

Academics

Arts

Athletics