

**TJ PARTNERS**  
**Application for Activity Fund**

- REQUEST FROM AN INDIVIDUAL ACTIVITY ACCOUNT**  
(not to exceed balance in account)
  - Fill in lines 1-7 only
  - Sponsor/Coach sign A (Athletic Director also for equipment/supplies)
  - Partners Club parent sign B (Must be a member)
  - Submit Application at any time (place in Partner Club mailbox)
  
- REQUEST FROM GENERAL FUNDS**  
(Funds other than the activity account or for more than the balance of the account)
  - Fill in all lines 1-11
  - Sponsor/Coach sign A
  - Partners Club parent sign B (Must be a member)
  - Submit Application 1st of the month for consideration at the Partner Club meeting (place in Partner Club mailbox)
  - You or your representative must attend Partner Club meeting to explain request
  
- REQUEST FOR SPECIAL STUDENT NEED**  
(Funds other than the activity account or for more than the balance of the account)
  - Fill in lines 1-8 and lines 10-11
  - Sponsor/Coach sign A
  - Submit Application 1st of the month for consideration at the Partner Club meeting (place in Partner Club mailbox)
  - You or your representative must attend Partner Club meeting to explain request

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1. Date: \_\_\_\_\_
  2. Activity: \_\_\_\_\_
  3. Sponsor/Coach \_\_\_\_\_
  4. Amount Requested \_\_\_\_\_
  5. Date Needed \_\_\_\_\_

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6. What is the money to be used for:

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7. Itemize how the money is to be spent. Give exact costs if possible:

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(lines 8-11 are needed for general fund applications only)

8. What is your total budget for this project? Have you raised other funds for this? Please explain:

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9. What is the balance in your activity account on file in the school treasurers office?

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10. If the Partners Committee can grant only part of the requested money, what is the least amount of money from them that would allow you to complete this project?

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11. Explain how this grant will benefit the student or TJ.

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A. \_\_\_\_\_  
Signature of Sponsor/Coach  
(required by all)

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Athletic Director  
(required for equipment supplies purchases)

\_\_\_\_\_  
Date

B. \_\_\_\_\_  
Signature of Partners Parent Activity  
Rep. (required for Individual activity  
account requests and for general fund requests)

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Amount

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

\_\_\_\_\_  
Check Date