



Funding Request Form

Please return the completed form to the Monarch Secret Samaritans Liaison, Autumn Coppejans, who will submit all requests to Secret Samaritans. For questions or more information, please contact Autumn at Autumn.coppejans@bvsd.org. **Student identity will be kept confidential.**

STUDENT'S NAME SHOULD ONLY BE BELOW DOTTED LINE.

Request prepared by: Student/Parent Monarch Counselor/Teacher/Administrator/Coach

Monarch Staff Contact: _____
Name Email Address

Describe the need with some detail: _____

Date funding is needed by: _____

\$ _____ Student/family contribution (some amount expected)

\$ _____ Any additional funding (School support, Booster Club, etc.)

\$ _____ Amount requested from Secret Samaritans

\$ _____ Total cost for item/activity

Entity requiring payment: _____

***Funding will not be made to individuals. Must be a Monarch or school-related organization. Secret Samaritans will submit a check to Monarch administration.**

FOR MONARCH STAFF ONLY	Date Request Received: _____
Call Number (will be provided by Secret Samaritans): _____	
Comments: _____	

Autumn Coppejans will detach below the dotted line and keep it on file at Monarch High School.

Student: _____ Grade: _____ Date: _____

FOR MONARCH STAFF ONLY
<input type="checkbox"/> Grant Received Amount Awarded: _____ Date Funding Rec'vd: _____
<input type="checkbox"/> Grant Declined Reason: _____
Call Number (will be provided by Secret Samaritans): _____