Request for Support
(Adult Volunteers, Donation of Goods, Funding)

The mission of the Nevada Union Parents Club is to promote excellence and enhance the high school experience for students at Nevada Union High School through the cooperative effort of parents, students, school staff and community members.

The NUPC Executive Board meets, in most cases, on the first Monday of the month at which time support will be voted upon. Please submit your request, at least five days in advance for best results, to the NUPC at nevadaunionparentsclub@gmail.com.

Requestor: ___________________________ Organization: ___________________________

Email: ________________________________ Phone: ________________________________

Describe Event: __________________________________________________________________

Describe Other Sources of Support: ______________________________________________

Event Date: ___________________________ # of Students Supported by Event: __________

Signature: _____________________________ Date: __________________________

NUPC Executive Board Decision
(For Board Use Only)

☐ Approved    ☐ Not Approved    Date: _________    Category: ______________________

Comments: _______________________________________________________________________

________________________________________________________________________________

Signature: _____________________________ Date: __________________________

Check Payable to: ________________________________ Check #: _______________________

Form continues on the next page.
Complete the Following Section(s) As Appropriate

**Adult Volunteer Support**

Describe Task(s): 

____________________________________________________________________________________

____________________________________________________________________________________

# of Volunteers Requested: 

Date(s): Start Time(s): End Time(s): 

To Whom to Report: Location to Report to: 

**Donation of Goods Support**

Describe Goods Requested: 

____________________________________________________________________________________

____________________________________________________________________________________

Deadline (Date and Time): 

Amount(s): Location Where Goods Should Be Left: 

**Funding Support**

Amount Requested: Date Needed: 

If funding is approved, a check should be made payable to whom? 

Please attach the original receipt(s) if this request is for reimbursement.

Additional Comments: 

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________