



Castle Park High School ASB

1395 Hilltop Drive Chula Vista, CA 91911 (619) 585-2050

TROJAN FOUNDATION REQUEST FOR FUNDING

Person Requesting: _____ Amount Requested: _____

Purpose of Funds Requested: (Please write a description of how the funds will be used)

Justification for Funds Requested: (Please describe how the endowment will serve to benefit and support the instructional and co-curricular programs at Castle Park High School?)

Additional Remarks: (Is there anything else you feel the board should consider before making its decision?)

*Please attach to this application an order form/itemized list of items with the total exact cost of the requested materials.

(This portion for committee use only)

Category: _____

Priority: _____

Funding not approved: _____

Sweetwater Union High School District programs and activities shall be free from discrimination based on gender, sex, race, color, religion, ancestry, national origin, ethnic group identification, marital or parental status, physical or mental disability, sexual orientation or the perception of one or more of such characteristics. SUHSD Board, Policy 0410

"A Tradition Of Excellence"