Sample Booster Auxiliary Organization Application

**(School District Name)**

**Booster Auxiliary Organization Application**

Application Date:

Booster Auxiliary Organization Name:

Name of School:

Check one:  Initial Application  Renewal:

The parents of Sample School District hereby requests approval for the formation of the

Booster Auxiliary Organization.

Name of Organization

Objectives / Purposes of the Booster Auxiliary Organization are:

Booster Auxiliary Organization Official Mailing Address:

Official Name:

PO Box/Street:

City/State/Zip Code:

Telephone Number:

Booster Auxiliary Organization Officers:

|  |  |  |
| --- | --- | --- |
| **Position Held** | **Name** | **Email Address** |
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Is the organization a 501(c)(3) tax-exempt?  Yes  No

Organization Tax ID # Banking Institution:

Does the booster auxiliary organization conduct annual financial audits/reviews?  Yes  No

Attach a copy of your proposed budget for the upcoming school year.

Upcoming School Year Planned Meetings (or attach schedule):

|  |  |  |
| --- | --- | --- |
| **Date** | **Time** | **Location** |
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Upcoming School Year Planned Fundraisers (or attach schedule):

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| --- | --- | --- |
| **Activity** | **Date** | **Location** |
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We, the members of this booster auxiliary organization, have read and understand the rules for forming and conducting this organization, including the district’s board policy and administrative regulations, and agree to abide by them. We will submit a contact list and two copies of the proposed constitution and bylaws to the principal/school administrator or designee, who will review the application for approval, as well as any other information required by the district.

Signature of Organization President Date

 District/School Site Approvals:

Principal/School Administrator:

Signature Date

District Board Recognition and Approval:

District Administrator:

Signature Date

Title: