

Salt Lake City School District

I – 17 Form A (See Policy and Administrative Procedures)

Title: Student Fund Raising Activities
Fund Raising Proposal Form

Index: I = Instructional Policies

Today's Date _____

Complete this form and submit it to the principal with sufficient lead time for SIC/SCC review (at least one month prior to the onset of your fund raiser).

Name of participating organization _____

Teacher or Sponsor _____ Projected Profit \$ _____

Current amount in your fund raising account \$ _____

Type of fund raising project _____

Goal(s) and objectives _____

How does this project fit with the philosophy and mission of the school?

Number of participants _____ Grade level(s) _____

Dates for fund raising activity: Beginning _____ Ending _____

Vendor information: Name of company _____

Sales representative _____ Phone# _____ Fax# _____

Street address _____ State _____ Zip _____

Description of merchandise _____

Timeline for fund raiser _____

Bottom portion to be completed by the principal

Project approved: _____ Yes _____ No

Comments: _____

Principal's signature _____ Date _____

School Community Council Chair signature _____ Date _____

School Improvement Council Chair signature _____ Date _____