



CRANDALL INDEPENDENT SCHOOL DISTRICT
STUDENT FUNDRAISING
(Request for fundraising project approval)

Campus: _____ Date submitted: _____

Organization: _____

Sponsor: _____

Title of fundraising project: _____

Vendor: _____ Address: _____

Type of merchandise or service to be sold or provided: _____

Method for generating sales (catalog, online, prepaid): _____

Estimated funds required to hold fundraiser: _____

Proposed use of funds generated: _____

Duration of the project: Begin date: _____ End Date: _____ Collection Date: _____

Community Service Project

All student organizations requesting fundraising authorization must (effective during the present year) perform a community service project approved by the organization's sponsor, the campus principal and the district superintendent.

Title service project: _____

Description of the service project: _____

Sponsor Certification:

As the sponsor, I certify that all monies collected will be deposited to the campus or department secretary daily along with the Cash Log Form.

Service project approved by: Sponsor: _____ **Date:** _____

Fundraising requested by: _____ **Date:** _____

Approved/Disapproved by: Athletic/CTE/Fine Arts Director: _____ **Date:** _____

Approved/Disapproved by: Chief of Staff: _____ **Date:** _____

Approved/Disapproved Principal: _____ **Date:** _____

Final Approval of CFO: _____ **Date:** _____