



# DUNCANVILLE ISD

*Writing success stories, one student at a time.*

## DUNCANVILLE I.S.D. FUND RAISER REQUEST FORM

\_\_\_\_\_  
(Organization Name)

\_\_\_\_\_  
(Date Submitted)

\_\_\_\_\_  
**FUND RAISING ACTIVITY (Description)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE(S) OF ACTIVITY:** \_\_\_\_\_

**TIMES OF ACTIVITY (IF APPLICABLE) (Begin)** \_\_\_\_\_ **(End)** \_\_\_\_\_

**PURPOSE FOR FUNDS RAISED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATE OF THE AMOUNT OF MONEY TO BE RAISED: \$** \_\_\_\_\_

• **WHAT IS THE CURRENT BALANCE OF THE ORGANIZATIONS FUNDS? \$** \_\_\_\_\_

• **WILL FUNDS RAISED BE EXPENDED THIS SCHOOL YEAR? YES or NO**

**IF YES, ESTIMATE OF FUNDS TO BE EXPENDED THIS SCHOOL YEAR: \$** \_\_\_\_\_

• **WILL STUDENT CLASSTIME BE EXPENDED AS A RESULT OF THIS FUNDRAISER?**

**YES or NO IF YES, ESTIMATE OF CLASSTIME TO BE EXPENDED:** \_\_\_\_\_

• **WILL THE ORGANIZATION BE CONDUCTING ANY OTHER FUNDRAISERS THIS SCHOOL YEAR? YES or NO IF SO, HOW MANY AND WHEN?**

REQUESTED BY:

\_\_\_\_\_  
(PRINTED NAME OF SPONSOR)

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF ADULT SPONSOR)

\_\_\_\_\_  
(PRINCIPAL'S SIGNATURE)

DATE: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PROGRAM DIRECTOR)

\_\_\_\_\_  
FINANCE OFFICE

DATE: \_\_\_\_\_