



FUNDRAISER APPLICATION

SCHS Organization:

Date(s):	Time(s):	Number of Students:
----------	----------	---------------------

Proposed Fundraiser		
Description of Fundraiser		
Reason/Purpose of Fundraiser		
Estimated Income	Estimated Expenses	
Estimated Net Profit		

Request Prepared By:

Student Leader (if applicable)	Student Leader Signature
Faculty Advisor (if applicable)	Faculty Advisor Signature

Request Approved By:

V.P. of Activities Signature	Date:
------------------------------	-------