TISHOMINGO COUNTY SCHOOL DISTRICT

Application for Fund-Raising Project

THIS FORM MUST BE APPROVED BY THE SCHOOL BOARD PRIOR TO BEGINNING FUND RAISER

****AT COMPLETION OF FUND RAISING PROJECT,***
FORM 2 "FINANCIAL REPORT OF FUND-RAISING PROJECTS" MUST BE SUBMITTED*

_____ _____ _____
(Organization) (Sponsor) (Date)

Purpose of project: _____

_____

_____

Description of project: _____

_____

_____

Project Begins: _____ Project Ends: _____
Date Date

List what will be bought with the proceeds of the fundraiser and the ***ESTIMATED*** cost of each item:

ITEM	**COST**
TOTAL	

Recommended by: _____
Signature of Sponsor

APPROVED: _____ _____
Principal Date

_____ _____
Superintendent Date

BOARD APPROVAL DATE: _____