

# TISHOMINGO COUNTY SCHOOL DISTRICT

## Application for Fund-Raising Project

Form 1 of 2

**\*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\*\***

Community Service Project (No door-to-door selling) Yes \_\_\_\_\_ No \_\_\_\_\_

Door-to-Door Selling Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Organization) (Sponsor) (Date)

Purpose of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Begins: \_\_\_\_\_ Date Project Ends: \_\_\_\_\_ Date

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

<b>ITEM</b>	<b>COST</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Recommended by: \_\_\_\_\_  
Signature of Sponsor

APPROVED: \_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Superintendent Date

BOARD APPROVAL DATE: \_\_\_\_\_