

**EAST STROUDSBURG AREA SCHOOL DISTRICT
APPLICATION TO CONDUCT A FUNDRAISING ACTIVITY**

- All student groups, citizen groups, parent groups, or other groups associated with the school district or any of its groups, programs, classes, or activities must have the approval of the Superintendent prior to initiating any fund-raising activity.
- All students must have signed parent permission forms to engage in solicitations. Students in grades K-5 must have signed parent permission forms prior to beginning any fundraising activities, including assembly presentations.
- This completed application must be submitted to the appropriate school principal at least 30 days prior to the anticipated beginning of the fund-raising activity.

Date of Application: _____ School: _____

Name of PTO/Booster Club/Community Organization: _____

Description of group's purpose(s): _____

Specific purpose(s) of funds to be raised: _____

Goods to be sold: _____

(Describe the activity or good that will be used during this fundraiser. For food/beverage items, application must include serving size with a copy of the listed ingredients from the package.)

Description of Activity: _____

By whom will the goods services be marketed: _____

Beginning date of Fundraiser: _____ Ending Date of Fundraiser: _____ Anticipated Profit: _____

Will the goods/services be sold during the school day? Yes No

(If yes, must meet Fundraiser Exemption Guidelines established in Policy 246 Student Wellness.)

Name of two (2) adult sponsors who will be responsible for complying with school board policy, for collecting, depositing and who will submit the annual financial report. By signing, I acknowledge that I have read Policy 929 Fundraising:

(Signature of Applicant)

(Signature of Applicant)

(Print Name)

(Print Name)

(Applicants Address)

(Applicants Address)

(Phone Number)

(Phone Number)

Reviewed by (Please Sign):

Principal

Date:

Director of Food Services (Food/beverage requests only)

Date:

Superintendent or Designee

Date:

cc: Athletic Director

3/04, 6/05, 2/07, 9/08, 9/09, 11/10, 6/13, 7/17, 12/24, 8/25



East Stroudsburg Area School District
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East Stroudsburg, PA 18301
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EAST STROUDSBURG AREA SCHOOL DISTRICT
FUNDRAISING ACTIVITY REPORT

Organization: _____ Fundraising Activity: _____

Date Submitted to Business Manager: _____
(Must be Prior to July 15)

Total Income from Goods Sold: A \$ _____

Cost of Items Sold and Other Expenses (List):

Vendor	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost of Items Sold and Other Expenses: B \$ _____

Net Profit (Loss) from this Fundraiser (A-B): C \$ _____

Submitted by: _____
Print Name Signature

Please complete a form for each fundraising activity and attach it to the *Annual Financial Report*.

3/04, 6/05, 2/07, 9/08, 9/09, 11/10, 6/13, 7/17, 12/24, 8/25

EAST STROUDSBURG AREA SCHOOL DISTRICT
PARENT PERMISSION FORM FOR A
STUDENT TO PARTICIPATE IN A FUNDRAISING ACTIVITY

NOTE: East Stroudsburg Area School District requires that parent/guardian permission be provided **whenever** students participate in an approved school district fundraising activity.

My signature below shows my permission to allow _____
(student's name)

to participate in a fundraising activity for _____
(group name)

I understand the purpose of the fundraising activity and agree to provide appropriate parental supervision for this activity.

Parent/Guardian Signature

Date of Signature

EAST STROUDSBURG AREA SCHOOL DISTRICT
FUNDRAISING ACTIVITY
ANNUAL FINANCIAL REPORT

FORM 929-Pg.4

Date of Submission: _____
(Must be prior to July 15)

Name of Group/Organization: _____
(Please include your school building)

Name of Applicant(s): _____
(Must match the person(s) who apply to conduct the fundraiser)

Previous Year Balance: A \$ _____

Income Sources:

Fundraiser:	Date of Fundraiser:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Income Sources: B \$ _____

Total Revenue (A+B): C \$ _____

List Expenditures (attach additional list if necessary):

Fundraiser:	Date of Fundraiser:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Expenditures: D \$ _____

Year End Balance (C-D): E \$ _____

Please attach any clarifying records or statements. You may be asked to stop in to help us to understand the information provided on the *Annual Financial Report*. We want to make this a simple process for you.