



SELMA
CITY SCHOOLS

One Vision. One Voice.
One Selma.

FUNDRAISER REQUEST FORM

1. REQUEST INFORMATION

DATE SUBMITTED	ACTIVITY SPONSOR (NAME)	
ACTIVITY / CLUB / ORGANIZATION	EXPECTED LOCATION(S) OF FUNDRAISER	
FUNDRAISER START DATE	FUNDRAISER END DATE	FUNDRAISER TIME / TIME OF DAY
SCHOOL FACILITY REQUESTED (IF APPLICABLE)	☐ YES ☐ NO	
IF YES, SPECIFY		

2. FUNDRAISER DESCRIPTION

Provide a brief description of the fundraiser or event.

3. FUNDRAISING METHOD

Describe exactly how funds will be raised, including items or services sold, admission fees, donations, sponsorships, or other collection methods.

4. PURPOSE AND INTENDED USE OF FUNDS

Explain why the fundraiser is needed, how the proceeds will be used, and how students will benefit.

5. FINANCIAL ESTIMATE

Provide your best estimate of the expected revenue and expenses.

DESCRIPTION	ESTIMATED AMOUNT (\$)	ESTIMATED PERCENTAGE (%)
Estimated Revenue	\$	%
Estimated Expenses	\$	%

ESTIMATED PROFIT (REVENUE MINUS EXPENSES): \$ _____



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6. OUTSIDE VENDORS / ADDITIONAL INFORMATION

List any outside vendors or additional information that may be relevant to this fundraiser request.

7. SPONSOR ACKNOWLEDGEMENT

I acknowledge that I have read and agree to comply with all Selma City Schools policies and procedures related to fundraising activities.

Sponsor Signature

Date

Printed Name

8. CONDITIONS OF APPROVAL

Approval of this request does not authorize the use of school facilities without prior approval. All funds raised must be deposited and managed in accordance with Selma City Schools policies and procedures.

9. APPROVALS

ROLE	SIGNATURE	DATE
Principal		
LSA Department		
Superintendent		
CNP Director (Based on Request)		

10. NOTES