

FUND-RAISING APPLICATION FORM

(This form is to be completed for each fund-raising activity being considered.)

1. Name of organization(s) making application FCCLA
2. Person completing this form:
  - Name Stacy Peterson
  - Address Sr. High
  - Phone No 2-4132
3. How much money does your organization plan to raise with this fund-raising activity? \$100's
4. How do you plan to raise the money? Sponsors from community/business for Tshirt sales for Cancer & SIDS
5. Can you ensure the administration that no direct solicitation of students/teachers at school will be used to raise this money? Yes  No
6. Do you plan to use either the implied or actual name of a school district organization or the school district in general in raising money? Yes  No   
If so, in what context? DC Everest FCCLA Chapter
7. Will your fund-raising activity include direct solicitation of businesses, service clubs, or other organizations in our community? Yes  No   
If so, which ones? local business / health care facilities
8. Do you plan to advertise the activity in the newspaper, radio, or in other means? Yes  No   
If so, how? possibly Flyers & newspapers
9. Will alcoholic beverages be served or sold during the fund-raising activity? Yes  No
10. Where does your organization plan to deposit the money that is raised? SAF then to Cancer Research & SIDS
11. What are the names of the school personnel with whom you plan to deal in making financial gifts to the school?  
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12. During what period of time (days, weeks, months) do you plan to conduct this fund-raiser?  
Oct - Feb

This Fund-Raising Application Form has been reviewed and approved by the following people:

9/8/11  
Date  
9/9/11  
Date  
Date

[Signature]  
Building Principal  
[Signature]  
Superintendent of Schools  
Board of Education

When a copy of this form has been returned to the person making the application, the fund-raising activity will be placed on the school calendar. Local businesses being solicited may request to see a copy of this approved form.