

Crandall Independent School District
STUDENT FUND RAISING
(Request for fund raising project approval)

Date _____

Campus _____

Sponsor _____

Proposed use of funds generated _____

Estimated funds required: \$ _____

Description and/or name of fund raising project: _____

Duration of the project: Begin _____ End _____

Estimated net profits: \$ _____

COMMUNITY SERVICE PROJECT:

All student organizations requesting fund raising authorization must perform a community service project approved by the organization's sponsor, the campus principal, and the District Superintendent.

TITLE OF SERVICE PROJECT

Description of the Service Project:

Service project approved by:

Sponsor: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Fund raising requested by:

Sponsor _____

Date _____

STUDENT FUNDRAISING

FJ
(EXHIBIT)

Approved Disapproved

Building Principal _____

Date _____

Approved Disapproved

Superintendent _____

Date _____