



SCHOOL DISTRICT OF ASHLAND
FUNDRAISING APPLICATION

Part I - Must be completed by the fundraising organizer.

Date of Application: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Person Responsible for Project:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Activity Account #: \_\_\_\_\_

(Where funds will be deposited.)

Date of Fundraiser: \_\_\_\_\_

Describe the fundraising activity and how funds will be used:

Is this a 50/50 or raffle: [ ] Yes [ ] No Does this activity involve the sale of food: [ ] Yes [ ] No Time of event: [ ] During School Day [ ] Outside of School Day

Will school facilities be required: [ ] Yes [ ] No If yes, facilities use request completed: [ ] Yes [ ] No

Signature of Fundraising Organizer: \_\_\_\_\_

Approval of Co-Curricular / Building Principal: \_\_\_\_\_

Approval of Business Manager: \_\_\_\_\_

Fundraising Number: \_\_\_\_\_ (To be completed by the Business Office)

Part II - Must be completed at conclusion of fundraiser by the organizer.

Approved Fundraiser Number: \_\_\_\_\_

Fundraiser Revenue \$ \_\_\_\_\_ - Fundraiser Expense \$ \_\_\_\_\_ = Fundraiser Profit \$ \_\_\_\_\_

Deposit Date: \_\_\_\_\_ Activity Account #: \_\_\_\_\_

Signature of Fundraising Organizer: \_\_\_\_\_

NOTE: It is the responsibility of the Fundraising Organizer to deposit payments promptly to avoid bookkeeping issues.