SHARON CITY SCHOOL DISTRICT

FUNDRAISING PROJECT APPLICATION

To be completed by the sponsor of any fundraising project which will involve the participation of Sharon students or which will be conducted during school-sponsored activities or events. Please return to the Business Office, 215 Forker Boulevard, Sharon, PA 16146 for approval.

Organization Name: _____

Representing: _____

	Officers	Address	Phone
President			
Vice-President			
Secretary			
Treasurer			

Does your group/organization have Board-approved Bylaws? ☐ Yes ☐ No

Complete Description of Project _____

_____

Exact Date(s) of Project _____ Project Goal $_____

Purpose of funds to be raised _____

_____

Project Participants

(Please check appropriate boxes)

☐ Elementary Students ☐ Junior High Students ☐ Senior High Students ☐ Adults

Scope of Project

(Check one)

☐ Within the school only ☐ Within the school & community ☐ Within the community only

_____ _____

President/Chairperson's Signature Date

APPROVAL

_____ _____

Principal's Signature Date

_____ _____

Superintendent's Signature Date