SHARON CITY SCHOOL DISTRICT

FUNDRAISING PROJECT
FINANCIAL STATEMENT

To be completed by the sponsor of any fundraising project which has involved the participation of Sharon students or which has been conducted during school-sponsored activities or events. Please return to the Business Office, 215 Forker Boulevard, Sharon, PA 16146 within 30 days of the conclusion of each project.

Organization Name _____

President/Chairperson _____

Address _____ Phone _____

Description of Project _____

_____

Gross Receipts _____

Expenses _____

Net Income _____

Please comment on the success and relative worth of this project in the achievement of your goal.

_____

_____

_____

_____

_____

_____ _____

President/Chairperson's Signature Date