FUND RAISING FORM
Simpson County Schools

APR 10 2019

School: Franklin Elementary

Activity Fund: Pennies for Patients

Sponsor: _____

Date Submitted: April 10, 2019

What grade range will be involved in this activity? Kindergarten

State the one MAIN purpose of this fund raising activity (how will students benefit from participating in this activity?):

_____ **Educational experience** _____ **School spirit** _____ **Community service**

✓ **Fund Raising** _____ **Other:** _____

Describe Activity: Students will receive a collection box for penny donations.

Beneficiary of fund raising activity: Leukemia and Lymphoma Society

Place of Activity: F.E.S.

Date(s) of Activity: May 10 **Time(s) of Activity:** During P.E.

Names of adult supervisors at activity (chaperones, custodians, etc.):

Syntonia R. Day

Rachel Wright — 4/10/19

Principal — **Date**

_____ _____

SBDM Council (if Council Policy) — **Date**

_____ _____

Superintendent — **Date**

Board Approval Date _____ _____ **Not Approved**