

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Art Club |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Face Painting- homecoming |
| Sponsor | Tammy West |
| Date Submitted | 7/18/19 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)

Profits from the face painting fundraiser will be used for the continuation of a school beautification project started in the 2018-2019 school year. We plan to add to and expand the landscaping outside of the 6th grade wing.

Items to be sold:

We will offer various face painting designs to be applied to students by members of the Art Club during a specific day of homecoming Spirit Week.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)

Art Club members and all other students/staff at TCMS will benefit from our school beautification efforts. This fundraiser will also increase School Spirit to show support to the football team.

Date(s) scheduled:

Aug 2019- Football Homecoming week

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

Tammy West

| | | |
|--|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Coaches Signature (corresponding sport) | Date | |

Circle One: Approved Not Approved

Tammy West

7/18/2019

Sponsor (Requested by)



7-21-19

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Band |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Century Resources |
| Sponsor | Dipasquale |
| Date Submitted | 7/18/2019 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 instruments
 music
 equipment
 travel

Items to be sold:
 Catalogue Items

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Todd County Middle School Band Program

Date(s) scheduled:
 August-September

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

| | | |
|--|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Coaches Signature (corresponding sport) | Date | |

Circle One: Approved Not Approved

Sponsor (Requested by)
 Heather Diapasquale
 Principal 7-21-19
Date

SBDM Council (If Council Policy) Date

Superintendent Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Dance Team |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Concessions |
| Sponsor | Katherine Cole |
| Date Submitted | 7-29-19 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Concessions will be sold at football games to generate funds for dance team supplies, trips, and other needs for the middle school dance team.

Items to be sold:
 Concession food/drinks

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 TCMS Dance Team

Date(s) scheduled:
 2019-20 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):
 TCMS staff and PTO

| | | |
|---|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Coaches Signature (corresponding sport) | Date | |

Circle One: **Approved** **Not Approved**

Katherine Cole _____ **7/29/2019**

Sponsor **(Requested by)**
 _____ **7-29-19**
Principal _____ **Date**

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|--|
| School | TCMS |
| Activity Account | Technology |
| External Support/Booster Organization | none |
| Name of Fundraiser | STLP_Robotics/Showcase Projects Supplies & Apparel |
| Sponsor | Cindy Matthews |
| Date Submitted | 16-Jul-19 |


Purpose of fundraising activity: (What will the funds be used for? Be specific)
The robotics club uses many small parts and attachments (battery chargers, rechargeable batteries, wheels, legos, motors
Periodically, the club needs to supplement or replace our current materials to allow the robots to function properly.
In addition, showcase materials are needed to help students complete projects and to create professional looking displays.
T-shirts will help our students feel more like a team as well as help our group stay together.

Items to be sold:
T-shirts: These shirts will be worn by participants to Regional and State Level competitions.


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
STLP Club - Students in the Robotics and Showcase sections of the club will benefit from the funds.
These students are a mix of 6th, 7th and 8th graders.

Date(s) scheduled:
09/02/2019 - 02/21/2020

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

| | | |
|---|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | 7/16/19 | |
| Coaches Signature (corresponding sport) | Date | |

Circle One: **Approved** **Not Approved**



 Principal

Date
 7-21-19

Date

SBDM Council (If Council Policy)

Date

Superintendent

Date

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|----------------------------|
| School | TCMS |
| Activity Account | Technology |
| External Support/Booster Organization | none |
| Name of Fundraiser | 3D Printer - STLP Showcase |
| Sponsor | Cindy Matthews |
| Date Submitted | 16-Jul-19 |


Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Funds will be used to purchase required supplies for use in 3D printing in the 19-20 school year and later.
 All teachers may have access to the 3D printer for lessons. However, STEM related arts classes, and STLP club will be the initial focus for 3D Printer use. Currently, the STEM related arts classes and club will use a 3D Printer made available through a grant from WKU. The grant was extended to the 19-20 school year.

Items to be sold:
 Students will use the 3D printer to create products to be sold.
 Products will include, but not be limited to, items such as: charm bracelets, necklaces, name/initials, figurines, etc.

Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Currently, students in STEM classes and participants in STLP club. Teachers will have the opportunity to learn how 3D Printing works so they may also use this resource in their classes.

Date(s) scheduled:
 09/02/2019 - 4/24/2020

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

| | | |
|---|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | 7/16/19 | |
| Coaches Signature (corresponding sport) | Date | |

Circle One: Approved Not Approved


 Principal

Date
7-21-19

SBDM Council (If Council Policy) _____ Date _____

Superintendent _____ Date _____

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | Student Rewards |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | Dances |
| Sponsor | Carmichael |
| Date Submitted | 7-29-19 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 Funds will be raised via dances to purchase student rewards, take student reward trips, and purchase other items required for students

Items to be sold:
 School dance & concessions


Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 TCMS Students

Date(s) scheduled:
 2019-20 school year

Names of adult supervisors at activity (chaperones, custodians, etc.):
 TCMS staff and PTO

| | | |
|---|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | | |
| Corresponding sport participating in fundraiser? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Coaches Signature (corresponding sport) | Date | |

Circle One: **Approved** **Not Approved**

 _____ **7-21-19**

Sponsor (Requested by)

 _____ **7-21-19**

Principal **Date**

SBDM Council (If Council Policy) _____ **Date**

Superintendent _____ **Date**

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

| | |
|---------------------------------------|---------------------------|
| School | Todd County Middle School |
| Activity Account | annual |
| External Support/Booster Organization | N/A |
| Name of Fundraiser | yearbook |
| Sponsor | Nikki Andrews |
| Date Submitted | 7-24-19 |

Purpose of fundraising activity: (What will the funds be used for? Be specific)
 We will be raising money that will go directly for purchasing yearbooks, camera, equipment, pictures, frames, field trips, and any materials used to benefit the yearbook, staff, students, and school related events.

Items to be sold:
 yearbooks (past and current school year), pictures, and/or videos

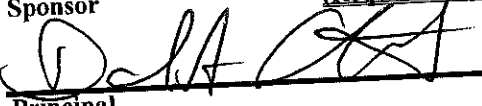
Beneficiary of fundraising activity: (Who will receive the benefit of the funds)
 Dates will vary on the event or reason for the pictures to be taken, but will take place throughout the 2019-20 school year.

Date(s) scheduled:
 2019-20 school year

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

| | | |
|--|------------------------------|--|
| Athletic Fundraiser | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If yes, sport involved: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Corresponding sport participating in fundraiser? | Date | |

Coaches Signature (corresponding sport) _____
 Circle One: Approved Not Approved
7/29/2019

Nikki Andrews
 Sponsor (Requested by)

 Principal 7-29-19
 Date

SBDM Council (If Council Policy) _____
 Superintendent _____
Date