

Must be received at Central Office NLT than Wednesday (1 week prior) to the board meeting

FUND RAISING FORM

Simpson County Schools

School: FSMS

Activity Fund: Chorus/Music

Sponsor: Elizabeth Cook

Date Submitted: 8/9/19

What grade range will be involved in this activity? 6th → 8th

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: Century Resources Fundraising, Ozark Lollipops, T-Shirts, Vinyl Decals, Talent Show

Beneficiary of fund raising activity: General Music & Chorus Classes
= instruments, equipment, books, music

Place of Activity: School & Outside of School

Date(s) of Activity: 11/19 → 5/20 Time(s) of Activity: after school hours

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

Elizabeth Cook

Principal [Signature] Date 8/9/19

SBDM Council (if Council Policy) _____ Date _____

Superintendent _____ Date _____

Board Approval Date _____ Not Approved _____