

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

FUND RAISING FORM

Simpson County Schools

School: Community Education

Activity Fund: BackPack Program

Sponsor: Robin Hollingsworth- CE Director

Date Submitted: 8/28/2020

What grade range will be involved in this activity? District-wide

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 X Other: Funds will provide meals for hungry children weekly during the school year

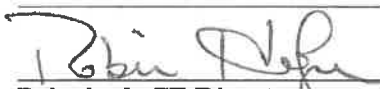
Describe Activity: See Attached Please

Beneficiary of fund raising activity: Students enrolled in the Back Pack Program

Place of Activity: See Attached Please

Date(s) of Activity: See Attached Please Time(s) of Activity: See Attached Please

Names of adult supervisors at activity (chaperones, custodians, etc.): The fundraising doesn't require chaperones or staffing other than Robin Hollingsworth as the contact for the fundraising activities.


Principal- CE Director

8/28/2020
Date

SBDM Council (if Council Policy)

Date

Superintendent

Date

Board Approval Date _____ Not Approved