

FUND RAISING FORM
Simpson County Schools

School: F.S.M.S.

Activity Fund: F.S.M.S. Coffee Cart Club

Sponsor: MSD Classroom

Date Submitted: 03-07-2024

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: Social skills + money skills

Describe Activity: Coffee Cart Club will be having a snack bar for students to purchase at rewards day and/field day to sell approved items.

Beneficiary of fund raising activity: Profits will all go back into classroom for funding of classroom trips, supplies, + to help students gain social skills, workmanship skills, provide school spirit & to gain confidence for real world scenarios.

Place of Activity: F.S.M.S.

Date(s) of Activity: 04/01/24-05/23/24 Time(s) of Activity: During reward times

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

Mr. Mike Randolph, Mrs. Meagan Wilkerson, + Ms. Lindsey Watkins

Principal [Signature] Date 3/7/24

SBDM Council (if Council Policy) _____ Date _____

Superintendent _____ Date _____

Board Approval Date _____ Not Approved

FUND RAISING FORM
Simpson County Schools

School: F.S.M.S.

Activity Fund: F.S.M.S. Coffee Cart Club

Sponsor: MSD Classroom

Date Submitted: 03-07-2024

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: Social skills & money skills

Describe Activity: Coffee Cart Club will be having a snack bar for students to purchase at rewards day and/field day to sell approved items.

Beneficiary of fund raising activity: Profits will all go back into classroom for funding of classroom trips, supplies, & to help students gain social skills, workmanship skills, provide school spirit & to gain confidence for real world scenarios.

Place of Activity: F.S.M.S.

Date(s) of Activity: 08/01/24 - May 30, 25 Time(s) of Activity: During reward times

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

Mr. Mike Randolph, Mrs. Meagan Wilkerson, & Ms. Lindsey Watkins

Principal [Signature] Date 3/7/24

SBDM Council (if Council Policy) _____ Date _____

Superintendent _____ Date _____

Board Approval Date _____ Not Approved _____