

**SCHOOL ACTIVITY FUND  
FUNDRAISER & CROWDFUNDING APPROVAL**

|                                       |                          |
|---------------------------------------|--------------------------|
| School                                | FSHS                     |
| Activity Account                      | HOSA                     |
| External Support/Booster Organization | HOSA                     |
| Name of Fundraiser                    | CCMA Calendar Fundraiser |
| Website (if applicable)               | -                        |
| Sponsor                               | Michelle McPherson       |
| Date Submitted                        | 2/5/2025                 |

Purpose of fundraising activity:

Raise money to help students pay for their Clinical Medical Assistant NHA Exams.

Items to be sold or items requested for donation:

Calendar Donations

Beneficiary/sport of fundraising activity:

CCMA students

Anticipated profit and plans for excess funds:

Profit: \$2,000

Excess will go to HOSA account.

Date(s) scheduled:

02/17/25 - 2/21/25

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

Michelle McPherson

Sponsor

Michelle McPherson

Date

2/5/25

Circle One:

Approved

Not Approved

Principal

*[Signature]*

Date

SBDM Council (If Council Policy)

Date

02-13-25

Board Approval Date  
(if applicable)