

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: FSMS FFA

Sponsor: Bethany Schawk

Date Submitted: 4/14/2025

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

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: Calendar fundraiser. - Purchase a day to support chapter

Beneficiary of fund raising activity: FSMS FFA

Place of Activity: FSMS

Date(s) of Activity: 4-30-5-16 Time(s) of Activity: _____

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


Principal _____ Date 4/14/25

SBDM Council (if Council Policy) _____ Date _____

Superintendent _____ Date 04-24-25

Board Approval Date _____ Not Approved _____