

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

**FUND RAISING FORM**  
**Simpson County Schools**



**RECEIVED**  
8.14.25  
BOW

School: FSMS

Activity Fund: FFA

Sponsor: Bethany Mini X

Date Submitted: 08/14/2025

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, donations

Beneficiary of fund raising activity: All students enrolled in Ag Classes who want to participate in FFA activities.

Place of Activity: FSMS

Date(s) of Activity: 9-19 2025-2026      Time(s) of Activity: During School  
School Year

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

Bethany Mini X

[Signature]  
Principal \_\_\_\_\_ Date \_\_\_\_\_

SBDM Council (if Council Policy) \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Board Approval Date \_\_\_\_\_ Not Approved \_\_\_\_\_