SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

School	Anchorage Public School
Activity Account	Various school groups
External Support/Booster Organization	
Name of Fundraiser	Volunteers for Concession Stand
Website (if applicable)	
Sponsor	Various school groups
Date Submitted	09/24/2025

Purpose of fundraising activity:

APSAP would like to ask for assistance from various school groups to help organize volunteers for the Basketball Concession Stand

Items to be sold or items requested for donation:

Beneficiary/sport of fundraising activity:
Various school groups

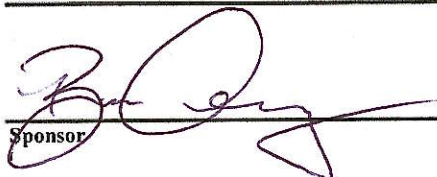**Anticipated profit and plans for excess funds:**

APSAP wants to offer a 75/25% split on any funds that is left over after costs are covered.

APSAP will continue to purchase, inventory, and facilitate money boxes for each event.

Date(s) scheduled:
Ongoing throughout the 2025-26 school year

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

Sponsor _____   9·19·25
                                            Date

Circle One: ✓ **Approved**   **Not Approved**

Principal _____   _____
                                              Date

SBDM Council (If Council Policy) _____   _____
                                                                    Date

_____
Board Approval Date
(if applicable)

SCHOOL ACTIVITY FUND
FUNDRAISER & CROWDFUNDING APPROVAL

School	Anchorage Public School
Activity Account	Innovation Lab
External Support/Booster Organization	
Name of Fundraiser	Innovation Lab Sponsorship
Website (if applicable)	
Sponsor	Brian Jones
Date Submitted	09/24/2025

Purpose of fundraising activity:

Allow individual, groups, or businesses to sponsor the Innovation Lab to add to the budget for supplies over the school year.

Items to be sold or items requested for donation:

Beneficiary/sport of fundraising activity:
Innovation Lab

Anticipated profit and plans for excess funds:

Offer different levels of sponsorship - Bronze $100-$499; Silver $500-$999, Gold $1000-$4999, Platinum $5000 and up. Sponsorships will be displayed in Innovation Lab

Date(s) scheduled:
Ongoing throughout the 2025-26 school year

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

_____   _____
Sponsor   **Date**

Circle One: **Approved**   **Not Approved**

_____   _____
Principal   **Date**

_____   _____
SBDM Council (If Council Policy)   **Date**

_____
Board Approval Date
(if applicable)