**WAYLAND UNION SCHOOLS**

**Application for Fundraising Project**

***Section I – To be completed by person requesting funds.***

Application date (must be minimum of 25 school days prior to event): \_\_\_\_\_\_\_\_\_\_

Date of New Fundraiser \_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your group’s allowed (1) door-to-door event? Yes No

Name of Person/Group requesting fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Advisor who will be on site for Fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount expected to be generated by fundraiser: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date funds are needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specifically, what will funds be used for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this fundraiser been conducted within the last calendar year? Yes No

If **YES**: Date of Previous Fundraiser: \_\_\_\_\_\_\_\_\_\_\_

If **NO**: Describe rationale for fundraiser request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of building administrator to approve fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If this fundraiser requires any state gaming licenses, they must be attached to this application when submitted for approval, or the application will be considered incomplete and will be returned.***

All information within this form must be completed before sending application to building administrator.

***Incomplete forms will be returned.***

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN YOUR APPLICATION HAS RECEIVED APPROVAL YOU ARE RESPONSIBLE FOR SCHEDULING THE ACTIVITY THROUGH SCHOOLDUDE (if space is needed to hold the activity)!**

**\*\*Date you successfully scheduled through FMX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Section II – To be completed by Administrator within 3 school days of application submission.***

**Approval of Building Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

***Section III – To be completed by Director of Finance and Operations.***

Budgets verified for fund request:

 Building budget: Yes No

Student Activity: Yes No

Application determination:

 Approved to allow fundraiser (no funds allocated)

 Alternative funds allocated

 Account to be charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Denied Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Refer to Fundraising Committee

Date of determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Assistant Superintendent of Finance and Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNDRAISING COMMITTEE (should this approval be needed):**

Application request: Approved Denied WUS Calendar

If denied, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If approved, total amount of funds to be allocated: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Committee Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Signature of Assistant Superintendent of Finance and Operations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_