

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 _____

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 funds will be requested from: _____

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.

*National School Lunch Program prohibits the sale of non-nutritional items during the school day.

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 SchoolDude: _____**

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

Are funds requested available from the following budgets?

Building budget: ☐ Yes ☐ No

Trust & Agency: ☐ Yes ☐ No

Date of budget verification: _____

Signature of Administrator: _____

Forward signed from to Director of Finance and Operations

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

Budgets verified for fund request:

Building budget: ☐ Yes ☐ No

Trust & Agency: ☐ 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 of Director of Finance and Operations: _____

FUNDRAISING COMMITTEE

Application request: ☐ Approved ☐ Denied

If denies, reason: _____

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

Signature of Committee Chairperson: _____ Date: _____

Signature of Director of Finance and Operations: _____ Date: _____