

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 FMX (if space is needed to hold the activity)!

1. Date you successfully scheduled through FMX: _____

2. Do you need RevTrak for collection purposes? Yes____ No____
(Two weeks minimum to set up – plan early!)

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 Assistant Sup. of Finance and Operations.

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: _____