

West St. Francois County R-IV
Fund Raising Application

TO: Superintendent of Schools

RE: Application for Fund Raising Project

DATE: _____

Name of Organization: _____

Name of Sponsor: _____

Description of Proposed Project: _____

Estimated number of students involved: _____

Location: _____ Date of project desired: _____

Projected receipts: _____ Projected expenditures: _____

Purpose of receipts: _____

Estimated balances of organization prior to this project: _____

Application is to be given to building principal.

Signature of Principal

Application was referred to Board of Education on _____

Application was approved – rejected.

Signature of Superintendent