

**HOLTON PUBLIC SCHOOLS  
REQUEST FOR FUNDRAISER ACTIVITY**



The following Board of Education Policies and related Administrative Guidelines must be followed for all fundraising activities.

- 5830-Student Fundraising
- 6610-Student Activity Fund
- 9211- District Support Organizations
- 9700-Relations with Special Interest Groups

This form shall be utilized by all Student Activity groups and District Support Organizations. Fundraising includes the solicitation and collection of money for any purpose, including the collection of money in exchange for tickets, papers, or any other goods or services. It includes giving away goods or services, with a suggested monetary donation. It also includes the collection of any money, dues, or fees from students.

**Applicant information:**

1. Student Activity or District Support Organization: \_\_\_\_\_
2. Advisor/Responsible adult: \_\_\_\_\_
3. Contact phone number: \_\_\_\_\_

**Description of activity (How will funds be raised and accounted for)** Attached additional pages if needed. The Business Office is available to assist in developing proper controls and procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dates, times, and locations of activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of fundraiser (What will funds be used for):**

\_\_\_\_\_  
\_\_\_\_\_

**Expected profit: \$** \_\_\_\_\_

I am aware of and will comply with all Board Policies and procedures. I understand all funds will be properly accounted for and deposits will be made on a daily basis. At the conclusion of the fundraiser, I will submit the final report to the Business Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

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

Principal/Director: \_\_\_\_\_

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

Central Administration: \_\_\_\_\_

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

Copy to:  
Advisor/Responsible adult  
Principal/Director  
Administrative Assistant  
Business Manager

**HOLTON PUBLIC SCHOOLS  
FINAL REPORT FOR FUNDRAISER ACTIVITY**



This form must be completed at the conclusion of all fundraisers and submitted to the Business Office. Attach a copy of the approved Fundraiser application with this form.

**Applicant information:**

1. Student Activity or District Support Organization: \_\_\_\_\_
2. Advisor/Responsible adult: \_\_\_\_\_
3. Contact phone number: \_\_\_\_\_

**Description of activity:**

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1. Cost of merchandise/tickets/event (provide all invoices): \$ \_\_\_\_\_
2. Number of items purchased \_\_\_\_\_
3. Number of items sold \_\_\_\_\_
4. Actual revenue \$ \_\_\_\_\_
5. Disposition of unsold items \_\_\_\_\_
6. Deposits: Provide a detail list of all deposits by date, noting who the money was collected from, how much was collected, and the detail allocation to individual students, if applicable.
7. Explanation of any issues or variances \_\_\_\_\_

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\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Director Signature

\_\_\_\_\_  
Date

Copy to:  
Advisor/Responsible adult  
Principal/Director  
Administrative Assistant  
Business Manager