



SHARON CITY SCHOOL DISTRICT

FUND RAISING PROJECT APPLICATION

To be completed by the sponsor of any fundraising project which will involve the participation of Sharon students or which will be conducted during school-sponsored activities or events. Please return to the Office of the Superintendent, 215 Forker Blvd., Sharon, PA 16146 for approval.

Organization Name _____

Representing _____

	Officers	Address	Phone
President			
Vice-President			
Secretary			
Treasurer			

Does your group/organization have Board-approved Bylaws? ☐ Yes ☐ No

Complete Description of Project _____

Exact Date(s) of Project _____ Project Goal \$ _____

Purpose of funds to be raised _____

Project Participants

(Please check appropriate boxes)

☐ Elementary Students ☐ Junior High Students ☐ Senior High Students ☐ Adults

Scope of Project (Check One)

☐ Within the school only ☐ Within the school & community ☐ Within the community only

President/Chairperson's Signature

Date

APPROVAL

Principal's Signature

Date

Superintendent's Signature

Date