

W E S T S H O R E S C H O O L D I S T R I C T  
Fundraising Request Form

***Form must be submitted to building administration prior to the start of the fundraising activity.   
Please review the guidelines posted on the District website for additional information.***

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| --- | --- | --- | --- |
| Organization: |  | School: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Daytime Phone #: |  |

|  |  |
| --- | --- |
| Group benefiting from the fundraiser: |  |

**Section I: Type of Fundraising** (select one type per fundraiser)

Student Fundraising - any solicitation and collection of money or goods by students for any purpose.

Adult Fundraising - any solicitation and collection of money or goods by staff, parents, or affiliated groups as a part of the school affiliated program. Specify Adult Fundraising Classification 1 or 2 below.

Classification 1 - Students may be present at the fundraiser with or without their parent(s) but are not involved in the solicitation and collection of funds. The fundraiser will take place on District property   
(ex. 50/50 raffle).

Classification 2 - Students may be present at the fundraiser with or without their parent(s) but are not involved in the solicitation and collection of funds. The event will not take place on District property   
(ex. golf outing, skeet shoot, gun raffle). When school affiliated groups are contemplating classification   
2 fundraising events, the District does not endorse these fundraising activities but expects the affiliated group to submit this request form at least one month in advance of the start of the fundraiser as a courtesy. All promotional materials for events of this sort must include the District’s standard disclaimer available at <https://www.wssd.k12.pa.us/FundraisingGuidelines.aspx>.

Provide a description of the proposed fundraising activity or item(s) to be sold (attach brochures, handouts, etc. related to the event).

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date: |  | | End Date: |  | |
| Monetary Goal: | | $ | Anticipated Profit: | | $ |

Briefly outline how funds generated by the fundraiser will be used.

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|  |

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| --- | --- | --- | --- |
| Organization: |  | School: |  |

**Section II: Complete if Student Fundraising was selected in Section I**

In what way will the fundraiser include student involvement:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Delivery Date to School: |  | Delivery Date to Purchaser: |  |

Clearly state how you will document and acknowledge receipt of monies from students:

|  |
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|  |

Does the fundraiser comply with Student Fundraising Policy #229?  Yes  No  N/A

Does the fundraiser comply with Student Physical Activity and Nutrition Policy #246?  Yes  No  N/A

**Section III: Complete if Student Fundraising or Adult Fundraising: Classification 1 was selected in Section I**

Does the fundraiser utilize District property in any way (cafeteria, athletic facilities, etc.)?  Yes  No

|  |  |  |
| --- | --- | --- |
| If yes, location: |  |  |
| District facility use requests must be approved prior to use. Was approval received? | | Yes  No |
| *Visit* [*https://www.wssd.k12.pa.us/FacilityRequestForms.aspx*](https://www.wssd.k12.pa.us/FacilityRequestForms.aspx) *for details on submitting a facility use request.* | | |

**Section IV: Complete if Adult Fundraising Classification 1 was selected in Section I**

Is the fundraiser a 50/50 or other form of Small Games of Chance?  Yes  No

*Small Games of Chance fundraisers require approval from building administration and the Director of Business Affairs. Submit a copy of the organization's Small Games of Chance license and blanket bond coverage with the Fundraising Request Form.*

Section V: **Complete for all Fundraising Requests**

By signing below, I attest that information provided is accurate to the best of my knowledge, and the fundraiser complies with relevant federal, state, and local regulations.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature: |  | Date Signed: |  |

*Form should be signed by organization representative, student leader, or activity advisor.*

Please Note: If applicable, contracts requiring District authorization should be attached to this signed form.

OFFICE USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Date Received |  | Building Administration Signature |  | Date Signed |

Approved  Disapproved  Approval Not Required - Adult Fundraising: Classification 2