

RSU #2 FUND-RAISING PROPOSAL

NAME(S) OF PERSON(S) FILLING OUT THE PROPOSAL:

DATE OF APPLICATION: _____

STUDENT GROUP TO BENEFIT FROM FUNDS: _____

SCHOOL NAME: _____

SPECIFIC PURPOSE FOR RAISING FUNDS: _____

DESCRIPTION OF FUND-RAISER: _____

BEGINNING AND ENDING DATES OF FUND-RAISER: _____

PRINCIPAL APPROVED: _____ DATE: _____

SUPERINTENDENT'S APPROVAL: _____ DATE: _____

PLEASE BE SURE TO RETURN THIS FORM TO THE BUILDING PRINCIPAL FOR REVIEW.