

**SCHOOL DISTRICT OF IOLA-SCANDINAVIA**

**STUDENT FUNDRAISING REQUEST**  
*(A separate form must be completed for each fund raiser)*

Name of School Affiliated Organization: \_\_\_\_\_

Name of Advisor / Coach: \_\_\_\_\_

Dates of the fund raiser: \_\_\_\_\_

Product Delivery Date/Location (if applicable): \_\_\_\_\_

Description of fund raiser:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of the fund raiser (What will the money be used for?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Revenue: \_\_\_\_\_

Anticipated Expenses: \_\_\_\_\_

Anticipated Profit: \_\_\_\_\_

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BOE Approval Date: \_\_\_\_\_ Distribution after approval: Building Administrator, Business Office

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Return Copy of Form within thirty (30) calendar days of the end of the activity to District Administrator/School Board with information attached or completed below:

Total Revenue/Deposit: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

Net Profit: \_\_\_\_\_