

EAST STROUDSBURG AREA SCHOOL DISTRICT

APPLICATION TO CONDUCT A FUNDRAISING ACTIVITY

- All student groups, citizen groups, parent groups, or other groups associated with the school district or any of its groups, programs, classes, or activities must have the approval of the Superintendent prior to initiating any fund raising activity.
- All students must have signed parent permission forms to engage in solicitations. Students in grades K-5 must have signed parent permission forms prior to beginning any fundraising activities, including assembly presentations.
- This completed application must be submitted to the appropriate school principal at least 30 days prior to the anticipated beginning of the fund raising activity.

Date of Application

Name of Group/Organization: _____
(Please include your school building)

Description of group's purpose(s): _____

Specific purpose(s) of funds to be raised: _____

Goods to be sold: _____
(Describe the activity or good that will be used during this fundraiser)

Description of Activity: _____

By whom will the goods services be marketed: _____

Beginning date of fund raising: _____ Ending Date of Fundraiser: _____

Anticipated profit: _____

Name of two (2) adult sponsors who will be responsible for complying with school board policy, for collecting, depositing and who will submit the annual financial report:

(1) _____
(Signature of Applicant)

(2) _____
(Signature of Applicant)

Print Name

Print Name

Applicants Address

Applicants Address

Applicants Address

Applicants Address

Phone #

Phone #

Reviewed by (Please Sign):

Principal

Date:

Designee

Date:

cc: Athletic Director

East Stroudsburg Area School District

50 Vine Street

East Stroudsburg, PA 18301

Phone: (570) 424-8500 - Fax (570) 424-5646

www.esasd.net



EAST STROUDSBURG AREA SCHOOL DISTRICT

FUNDRAISING ACTIVITY REPORT

Organization: _____ Fundraising Activity: _____

Date Submitted to Business Manager: _____

(Must be Prior to July 15)

Total Income from Goods Sold: A \$ _____

Cost of Items Sold and Other Expenses (List):

Vendor	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Cost of Items Sold and Other Expenses: B \$ _____

Net Profit (Loss) from this Fundraiser (A-B): C \$ _____

Submitted by: _____
Print Name Signature

Please complete a form for each fundraising activity and attach to the *Annual Financial Report*.

EAST STROUDSBURG AREA SCHOOL DISTRICT
PARENT PERMISSION FOR
A STUDENT TO PARTICIPATE IN A FUNDRAISING ACTIVITY

NOTE: East Stroudsburg Area School District requires that parent/guardian permission be provided **whenever** students participate in an approved school district fundraising activity.

My signature below shows my permission to allow _____
(student's name)

to participate in a fundraising activity for _____
(group name)

I understand the purpose of the fundraising activity and agree to provide appropriate parental supervision for this activity.

Parent/Guardian Signature

Date of Signature

FUNDRAISING ACTIVITY
ANNUAL FINANCIAL REPORT

Date of Submission: _____
(Must be prior to July 15)

Name of Group/Organization: _____
(Please include your school building)

Name of Applicant(s): _____
(Must match the person(s) who apply to conduct the fundraiser)

Previous Year Balance: A \$ _____

Income Sources:

Table with 3 columns: Fundraiser, Date of Fundraiser, Amount. Includes five rows of blank lines for data entry.

Total Income Sources: B \$ _____

Total Revenue (A+B): C \$ _____

List Expenditures (attach additional list if necessary):

Table with 3 columns: Fundraiser, Date of Fundraiser, Amount. Includes five rows of blank lines for data entry.

Total Expenditures: D \$ _____

E \$ _____

Year End Balance (C-D):

Please attach any clarifying records or statements. You may be asked to stop in to help us to understand the information provided on the Annual Financial Report. We want to make this a simple process for you.