

## APPROVAL FORM: CHARITABLE FUNDRAISERS & SCHOLARSHIPS

School / Department: \_\_\_\_\_

Why is the school raising funds, and to whom will the proceeds be given?

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How, when and where will the funds be solicited and collected?

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**Method for collecting money?** (check all that apply)

- Payments will be collected by the finance secretary at the school's office
- Someone will provide receipts as instructed by the finance secretary
- Two people will collect money together as instructed by the finance secretary
- Other (provide details below)

How, when, where, and in what form will the proceeds be distributed to, or on behalf of, the recipients?

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### Members of the committee overseeing the fundraiser activity

By signing this form, we verify:

- (1) The fundraiser beneficiaries have been / will be selected based on their needs - or - Scholarship recipients are determined in an objective manner based on the criteria outlined in the accompanying documents.
- (2) The committee members are not related to the beneficiaries, nor do they have any close ties to the beneficiaries that might cause, or be perceived to cause, personal bias to affect the selection process.
- (3) The committee members agree to abide by WCSD financial / fundraising policies and procedures as communicated to them by their supervisor, principal, or school finance secretary.

<i>Name (print)</i>	<i>Signature</i>	<i>Date</i>

Principal / Asst. Principal / Activity Director's Approval

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

*Name* *Signature* *Date*

Superintendent / Asst. Superintendent's Approval

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*Name* *Signature* *Date*