

**TEWKSBURY PUBLIC SCHOOLS  
Request for Fundraising**

File: JJE-E

Date: \_\_\_\_\_

1. Name of Organization \_\_\_\_\_

2. Describe in detail the method of the fundraising activity. Attach additional information necessary.  
\_\_\_\_\_

3. School location and facilities desired (cafetorium, cafeteria, classroom, gymnasium).

**Please send Use of Facilities Form to Nancy O'Hare (TMHS)/Patricia Meuse (K-8 Schools)**

4. Purpose of anticipated funds *(To be approved by the building principal.)*  
\_\_\_\_\_

5. Proposed dates of fund raising activity *From* \_\_\_\_\_ *To* \_\_\_\_\_

6. Describe student involvement in the fund raising activity. \_\_\_\_\_  
\_\_\_\_\_

7. Type of identifying credential to be used during Fund Raising Activity. \_\_\_\_\_  
\_\_\_\_\_

8. Is there a contract or agreement to be signed. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

9. Name of responsible individual \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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**(To be completed by the School Principal)**

Date \_\_\_\_\_

1. Your request for permission to raise funds is **Approved** **Disapproved** *(Circle)*

2. Reason for disapproval \_\_\_\_\_

3. You are authorized to begin the activity on \_\_\_\_\_

4. You are to submit a written narrative describing the amount of money raised and the funds not later than thirty (30) days after the ending date as shown above.

5. Comments by the principal: \_\_\_\_\_

6. **Copy sent to the Office of the Superintendent of Schools.** **Yes** **No** *(Circle)*

**Principal's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_