

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRANE Date: 9-17-26

Club Name: WES Student Council

Acct. No.: _____

Acct. Balance to Date: _____

Type of Fund Raiser: School store

Purpose of Fund Raiser: To Raise money for charity - philanthropic causes.

Start Date of Project: 12-1-26 Completion Date of Project: 6-15-27

Date of Sale(s): From 12-1-26 To: 6-15-27

Sale Area/Location: Washington school Auditorium

Sale will be monitored by: Michael Riley, Jen CRANE

***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****

Vendor Representative's Name: Occles School Supplies and Toys

Vendor Business Name: Occles school supplies and toys

Vendor Address: 7110 Belair Rd.

City: Baltimore State & Zip code: MD 21206

Unit Cost of Product/Service: \$ 0.15 - \$ 3.00

Proposal Sale Price: \$ 0.25 - \$ 3.50

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$ \$50.00

Faculty Advisor Signature

Signature: [Signature] Date: 9-17-26

(Vice) Principal Signature

Signature: [Signature] Date: 9/17/26

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES ☐ NO ☐ By: _____

[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Michael Riley, Jen CRANE Date: 9-17-26

Club Name: WES Student Council

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Light up Hallways, Valentines telegrams, Read-A-Thon, Bake Sale, Flower Petals

Purpose of Fund Raiser: To raise money for charity - philanthropic causes.

Start Date of Project: 12-1-26 Completion Date of Project: 6-15-27

Date of Sale(s): From 12-1-26 To: 6-15-27

Sale Area/Location: Washington School

Sale will be monitored by: Michael Riley, Jen Crane

***** ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD *****

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: [Signature] Date: 9-17-26

(Vice) Principal Signature

Signature: [Signature] Date: 9/17/26

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES ☐ NO ☐ By: _____