



# KENNEDY CATHOLIC FAMILY OF SCHOOLS

Saint John Paul II Elementary School • Kennedy Catholic Middle & High School

## Fund Raising Request Form

_____ Saint John Paul II Elementary School	_____ Fundraiser Start Date
_____ Kennedy Catholic Middle School	
_____ Kennedy Catholic High School	
_____ System-Wide Fundraiser	_____ Fundraiser End Date

_____ Contact First Name	_____ Contact Last Name
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\_\_\_\_\_ School Organization Involved

_____ Email	_____ Phone
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\_\_\_\_\_ Name of Company/Vendor

Please provide a brief description of the fundraiser activity and how raised funds will be utilized:

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\_\_\_\_\_

\_\_\_\_\_

_____ Number of Students Involved	_____ Anticipated Net Income	_____ Projected Cost
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Assistance required by Advancement/Marketing (facebook posts, email, graphics designed,etc):

\_\_\_\_\_

\_\_\_\_\_

_____ Signature of Contact Person	_____ Date:
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*By signing above you agree to abide by all school regulations regarding events, fundraising and student activities as listed in the student handbook. All materials must use official school logo and colors of KCFS as defined in the school style guide and be approved by school administration prior to the start of the fundraiser.*

*For administrative use only:*

_____	
_____ School Principal Signature	_____ Director of Advancement Signature
_____ Approved	_____ Denied
Date: _____	

Submit completed form to school principal for review and signature. Principal will then submit the form to the Director of Advancement for review and final approval. Contact person will receive a copy of the approved/denied form. All requests must be made 1 week prior to start date.