

DELPHI COMMUNITY SCHOOL CORPORATION
FUND RAISING APPLICATION

****APPROVAL REQUIRED PRIOR TO ACTIVITY****

DATE: _____

ORGANIZATION: _____

SPONSOR: _____

PROPOSED FUND RAISING PROJECT: _____

BEGINNING DATE: _____ ENDING DATE: _____

AMOUNT OF FUNDS TO BE RAISED: \$ _____

DESCRIPTION OF PLANNED USE OF FUNDS: _____

SPONSOR SIGNATURE

DATE

BUILDING ADMINISTRATOR

DATE

SUPERINTENDENT

DATE