



DICKSON COUNTY SCHOOLS
Fundraising Request Form

School Name: _____

Fund/Account Name: _____

Proposed Fundraising Activities: _____

Proposed Uses of Funds Raised: _____

Total Fundraising Goal: _____

Student Involvement: School Wide _____ Specific Group _____

Method of Receiving Funds: _____

Is this an online solicitation (gofundme, donor's choice, etc.)? Yes _____ No _____

If yes, how will money/items be delivered to the school? _____

*Sponsor's Initials: _____ I understand that any property/funds generated by these methods are the property of the school, not the individual, and must be treated as student activity funds.

Person Requesting Fundraiser: _____ Date: _____

Athletic Director (if applicable): _____ Date: _____

Principal: _____ Date: _____

Director of Schools: _____ Date: _____

Director of Finance: _____ Date: _____