

Washington

[NAME OF SCHOOL] STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Kim Marano Date: 9/17/25

Club Name: School Counselor

Acct. No.: 2005 Acct. Balance to Date: \$ 6,374.50

Type of Fund Raiser: Lemonade Stand, cupcake sales

Purpose of Fund Raiser: TO raise money for Pediatric Cancer-

Camy Strong Foundation

Start Date of Project: 10/10/25 Completion Date of Project: 10/10/25

Date of Sale(s): From 10/10/25 To: 10/10/25

Sale Area/Location: outside playground

Sale will be monitored by: Kim Marano

***** 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: Kim Marano Date: 9/17/25

(Vice) Principal Signature

Signature: Kelly Kiano Date: 9/18/25

School Treasure Signature

Signature: Mary Edwards Date: 9/19/25

Placed on BOE Meeting Agenda for:

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

[NAME OF SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Washington

Applicant Information

Faculty Member (s): Kim Marano Date: Sept 2025

Club Name: School Counselor

Acct. No.: 2005 Acct. Balance to Date: 6,324.33

Type of Fund Raiser: pretzel sales, T-shirt sales, cupcake sales

Purpose of Fund Raiser: to raise money for incentives for Washington wages - school-wide PBSIS initiative.

Start Date of Project: 10/15/25 Completion Date of Project: 6/30/26

Date of Sale(s): From 10/15/25 To: 6/30/26

Sale Area/Location: School

Sale will be monitored by: Kim Marano

***** 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: Kim Marano Date: 9/17/25

(Vice) Principal Signature

Signature: Kelly Piana Date: 9/18/25

School Treasure Signature

Signature: Mary Wanda Date: 9/19/25

Placed on BOE Meeting Agenda for:

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