[NAME OF SCHOOL
STUDENT ACTIVITIES
FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): _Michael Riley, Jen CRANE_   Date: _9-5-25_

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 - philantropic causes_

Start Date of Project: _12-1-25_   Completion Date of Project: _6-15-26_
Date of Sale(s): From _12-1-25_   To: _6-15-26_
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: _Geddes School Supplies and Toys_

Vendor Business Name: _Geddes 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: _Mr. Riley_   Date: _9-5-25_

(Vice) Principal Signature
Signature: _Kelly Kiam_   Date: _9/5/25_

School Treasure Signature
Signature: _____   Date: _____

Placed on BOE Meeting Agenda for:

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

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[NAME OF SCHOOL
STUDENT ACTIVITIES
FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): __Michael Riley, Jen CRANE__   Date: __9-5-25__

Club Name: __WES Student Council__

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

Type of Fund Raiser: __Light up hallways, Valentines telegrams, shoot-a-thon, Flower petals, Bake Sale, Walk-a-thon__

Purpose of Fund Raiser: __To Raise money for charity - philantropic causes.__

_____

_____

_____

Start Date of Project: __12-1-25__   Completion Date of Project: __6-15-26__

Date of Sale(s): From __12-1-25__   To: __6-15-26__

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: __Michael Riley__   Date: __9-5-25__

(Vice) Principal Signature

Signature: __Kelly Kram__   Date: __9/5/25__

School Treasure Signature

Signature: _____   Date: _____

Placed on BOE Meeting Agenda for:

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

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