



## Fundraising Request Form

### Section 1: Contact Information

Department/Student Organization	Fundraising Chairperson (if any)
Name:	Name:
Advisor/Supervisor (Full Name):	Email:
Email:	Phone:

### Section 2: Fundraising Project Information

<b>Project/Program Name</b>	
<b>Beneficiaries of Fundraiser</b> <i>[The recipient(s) of the fundraiser's proceeds]</i>	
<b>Description of Fundraiser</b>	
<b>Type of Function</b> <i>(check all that apply)</i>	<input type="checkbox"/> <b>Special Events:</b> <i>If an event involves charitable donations or gift credit from the College, it must follow fundraising guidelines.</i> <input type="checkbox"/> <b>Targeted Appeals:</b> <i>Targeted appeals are College fundraising efforts aimed at a small, interested audience.</i> <input type="checkbox"/> <b>Direct Appeals:</b> <i>Individuals or units may propose fundraising appeals to a specific donor or organization with Vice President, Dean, and President approval. The <b>President's Office</b> reviews donor fit and may conduct a limited research and refine the proposal.</i> <input type="checkbox"/> <b>Sales:</b> _____ <input type="checkbox"/> <b>Other:</b> _____

### Section 3: Fundraising Contact List

List the individuals, businesses, foundations, or organizations you plan to contact for support, along with their information

Name (Individual/Organization)	Email	Phone	Relationship to Group
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Would you like this event to be added to the LSCPA Student Activities Calendar? ☐ Yes ☐ No

### Submission Guidelines:

1) **The Fundraising Request Form** must be submitted to the Director of Student Activities.

- If the fundraiser is part of an event, the **Event Request Form** must also be submitted.
- Forms should be submitted by the 25th of the month prior to the planned fundraiser or event.

2) **Recommended supporting documents:**

- Provide a detailed budget breakdown.
- Prepare a draft flyer or other promotional materials.
- Develop a proposal or fundraising plan for larger-scale activities.
- Submit any vendor or service agreements, if applicable.

**Upon approval**, the applicant will receive the signed documentation and may proceed with the fundraiser. A copy will be kept on file in the Office of the President.

3) **All funds collected** must be submitted to the Business Office within two (2) business days.

### Signatures:

**By signing below, you approve the student fundraiser request.**

_____ Organization Advisor/Supervisor (Full Name)	_____ Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
_____ Director of Student Activities (Student Organizations Only)	_____ Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
_____ Dean of Student Services	_____ Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
_____ President	_____ Signature	_____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved