**Karns City Area School District**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School

REQUEST TO ESTABLISH A STUDENT ACTIVITY ACCOUNT

1. NAME (PROPOSED) OF ORGANIZATION:

2. PURPOSE OR OBJECTIVE: Describe why this organization is being formed.

3. BENEFIT: How will the students/district will benefit from the establishment of this organization.

4. ELIGIBILITY OF STUDENTS: Are students required to meet certain eligibility requirements before participating in this organization? If so, please indicate those requirements:

5. FUND RAISING: a. Will this organization raise funds? Yes \_\_\_\_\_ No\_\_\_\_

1. If yes, briefly describe typical fund-raising activities

6. USE OF FUNDS: Describe how funds raised will be used to benefit the students or the district.

Date submitted: Submitted by:

 Print Name:

Principal approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Business Affairs approval:

Board Approval on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_