

ELIZABETHTOWN AREA SCHOOL DISTRICT
Elizabethtown, Pennsylvania 17022

REQUEST TO ESTABLISH A STUDENT ACTIVITY

1. NAME OF ORGANIZATION: _____
2. PURPOSE OR OBJECTIVE: (Briefly describe why this organization is being formed.) _____

3. BENEFIT: (Briefly describe how the students/district will benefit from the establishment of this organization.) _____

4. LEADERSHIP: (Briefly describe how this activity will be organized, how it will be run and whether the officers will be elected or appointed.) _____

5. FUND RAISING: a. Will this organization raise funds? Yes ___ No ___
If "yes", briefly describe typical fund-raising activities and who will be involved.

6. USE OF FUNDS: (Briefly describe how these funds will be used to benefit the students or the district. _____

7. FINANCIAL DEPENDENCE: Will this organization require any financial assistance or facilities and equipment to be provided by the General Fund? Yes ___ No ___ If "yes", briefly describe the assistance needed and whether it is a continuing, year-to-year need. _____

8. FINANCIAL RESPONSIBILITY: (Briefly describe who will be responsible for these funds and how fund-raising, expenditure and/or transfer decisions will be made.) _____

Date Submitted: _____ Submitted by: _____

BOARD OF SCHOOL DIRECTORS ACTION

This request was (Approved ___ Disapproved ___) by the Board of School Directors at their meeting held _____.

Reasons for disapproval or qualifications of approval, if applicable, were as follows: _____

Date: _____ Secretary: _____

*** SUBMIT ORIGINAL PLUS ONE (1) COPY TO SPONSORING ADMINISTRATOR**