

CROWDFUNDING REQUEST FORM

Employee : _____ Title: _____

Email: _____ Phone Number: _____

School Name: _____

Grade or Department: _____ Subject: _____

Crowdfunding Application Name: _____

Crowdfunding Site: _____

Projected Campaign Start Date: _____ Projected Campaign End Date: _____

Amount of Donations Requested: _____ **OR** Quantity of Donation: _____

Raising Money For: _____

Purpose and Goal of Campaign (Classroom, Program, or Activity to be benefited and educational purpose to be served):

Narrative MUST be submitted in order to solicit funds/materials and attached to this form. Must include exact language and any graphics that will be included.

**District employees must not disclose any protected student personally identifiable information in the narrative.*

By submitting this Crowdfunding Request Form, I acknowledge that I will comply and agree with regulations guidelines and procedures regarding crowdfunding. As the requestor, I recognize that any proceeds, including any and all equipment and supplies as a result of the campaign are school property.

Date of Crowdfunding Request

Signature of Requestor

Application Is:

Approved Not Approved _____
School Principal Date

Approved Not Approved _____
Superintendent Date

Approved Not Approved _____
Chair, Board of Education Date