

# Reid State Technical College

## FUND-RAISING REQUEST FORM

Name of Organization or Individual: \_\_\_\_\_

Intended Use of Funds: \_\_\_\_\_

Amount of Funds to be Raised: \_\_\_\_\_

Description of Project(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date(s) and time(s) for Project: \_\_\_\_\_

Number of Students Involved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor (if applicable)

\_\_\_\_\_  
Date

*Submit completed form to the  
Dean of Student Services*

Project Approved: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Dean of Student Services

\_\_\_\_\_  
Executive Director of Financial Services

\_\_\_\_\_  
President

***Return Approved Copy to Person Completing Form and/or Sponsor of Organization***