Grove City College
Fund Raising Request Form

Instructions: Please complete the first section of this form. A photocopy will be returned to you upon approval or denial of your project. Please use a separate sheet for each fund raising project.

Name of organization: ____________________________________________

Explanation of fund raising project: ____________________________________________

Date of Project: ___________________________ Time: ___________________________

Location: ____________________________________________

Equipment needed: ____________________________________________

Requested by: ___________________________ Phone: ___________________________

Box: ___________________________

(SOffice Use Only)

SGA Approval: ___________________________ Date: ___________________________

SLL Approval: ___________________________ Date: ___________________________

From: SGA and Student Life Office

To: ___________________________ Box: ___________________________

Organization: ____________________________________________

Topic: FUND RAISING TOPIC

Your request for this fund raiser has been: approved / unapproved:

EXECUTIVE VP OF STUDENT Life & SGA