

WELLSBORO AREA SCHOOL DISTRICT
REQUEST TO ESTABLISH A STUDENT ACTIVITY

Sign & return
to Emily

1. NAME OF ORGANIZATION:

Culinary CTE

Sum F
10-1-18

2. PURPOSE OR OBJECTIVE: (Briefly describe why this organization is being formed.)

Separate funds raised for Culinary CTE and Skills USA

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

CTE Program

4. FUND RAISING: a. Will this organization raise funds? Yes ☒ No ☐

b. If "yes", briefly describe typical fund-raising activities and who will be involved.

luncheons, catering

5. FINANCIAL RESPONSIBILITY: (who will be the advisor? How will fund-raising, expenditure and/or transfer decisions be made?)

James Mack, student involved

Date Submitted:

9/11/18

Submitted by:

Joe R. [Signature]

(Advisor)

Approved by:

[Signature]

(Principal)

SCHOOL BOARD ACTION

This request was (Approved ☐ Disapproved ☐) by the School Board at the meeting held on _____.

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

Date: _____ Secretary: _____

SUBMIT ORIGINAL TO BUSINESS OFFICE

COPY WITH PRINCIPAL

Attachment X-3A