

**EASTERN OKLAHOMA STATE COLLEGE  
FUNDRAISING APPROVAL APPLICATION**  
(Faculty, Staff, Athletics, Student Organizations)

Name:	Department:	Phone:
Email:	Start Date:	End Date:
Activity:		
Item(s):		
\$ Amount/Goal:	VP/Director Approval obtain from (name/date):	
Proceeds benefit:		Will proceeds be deposited into Foundation Account?  Yes          No
Describe how you will proceed with your fundraising endeavor:		
List who will be approached. <u>Specific</u> business partners, individuals, parents, etc. (List in excel format is acceptable and appreciated. Please forward hard copy with application and electronic file via email):		
Signature:		Date:
Approved by:		Date:
Required Changes:		

*Return to Business Affairs Office, Library 101*