

Baptist Health College Little Rock
STUDENT FUND RAISING
Request Form

Date: _____ Program/Class: _____

Class Officer: _____
Email: _____ Phone: _____

Faculty Sponsor(s): _____
Phone: _____

Project*: _____
Date of Sale: Beginning ____/____/____ Ending ____/____/____

Design*: _____

**Please provide attachments of design and vendor information as appropriate*

Request for BH System Logo: Yes: No: (Requires Strategic Development Approval)

Online Sale: In-Person Sale: Both:

Need Room Reservation: Yes: No:

Vendor:

Name: _____

Website: _____

Email: _____ Phone: _____

Address: _____

Revenue:

Approximate Cost per Item: \$_____ Selling Price: \$_____

Approximate Profit per Item: \$_____ Estimated Total Profit: \$_____

Approximate Contribution to Pay It Forward Fund**: \$_____

***Suggested: items selling for greater than \$10 = \$1/item contribution*

Additional Information:

For Official Use Only:

Project Approved: Yes: No: Contingent:

Approval contingent upon the completion of the following recommendations and or restrictions:

Signature of Coordinator/Program Director

Date: