

### COLLEGE FUND-RAISING POLICY\*

Fund-raising activities on behalf of Suffolk County Community College, the Suffolk Community College Association, Inc., or any college-sponsored organization may be undertaken for charitable purposes, scholarships, as well as for other student life endeavors. All funds raised through such activities shall be deposited in the appropriate Association or Foundation account. All fund-raising activities shall be restricted to the college community unless prior approval is obtained from the Executive Director of the Foundation.

Fund-raising activities undertaken by students or student groups for charitable purposes or scholarships shall require the prior approval of the campus Dean of Student Services, while fund-raising for other student life purposes shall require the additional approval of the campus Executive Dean. Fund-raising activities undertaken by college employees, when done on an ad hoc or informal basis for charity, scholarships, or similar purposes, shall not require prior approval. However, fund-raising activities initiated by college employees in which the college is held out as the sponsor shall require the approval of the appropriate Executive Dean or Vice President and shall only be undertaken under the auspices of the Suffolk Community College Foundation.

\*The policy is not intended to cover fund-raising activities undertaken by the Suffolk Community College Foundation, Inc.

Approved, November 5, 1997  
President's Executive Council

FUND-RAISING REQUEST FORM FOR STUDENT GROUPS

Name of Project \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Purpose of fund raising

Describe fund-raising activities (include individuals/organizations involved, type of activity, etc.)

Will the fund-raising activities be restricted to the college community? Yes No  
 If No, has the Executive Director of the Foundation given his/her approval? Yes No

Indicate how funds will be collected and accounted for (Note that funds should be deposited with Student Activities, Association, etc., within 48 hours.)

If expenses will be incurred, how will any losses be covered?

Additional comments

Signatures Below Indicate Approval

\_\_\_\_\_  
 Individual Completing Form/Position

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Faculty Advisor (if appropriate)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director of Student Activities,  
 Theater, or Athletics

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dean of Student Services/Executive Dean (if required)

\_\_\_\_\_  
 Date

Copy Distribution

- White - Individual
- Yellow - Faculty Advisor (if appropriate)
- Pink - Director of Student Activities, Theatre, or Athletics
- Goldenrod - Dean of Student Services/Executive Dean (if required)