

NAVARRO INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR DONATION

Donor Name: Amy Strauch
Address: 194 Las Brisas Seguin, TX 78155
Phone: 210 288 6431

Name, address, and contact information of person authorized by the donor to act on behalf of the donor regarding donation:

Name: RJ Strauch
Address: 194 Las Brisas Seguin, TX 78155
Home Phone: _____ Cell Phone: 210 854 1925

Description, value and purpose of the donation: \$1,200.00 for NHS Audio Visual Club

Life of donation: Until all funds are used- no time expiration

Provisions or restrictions placed on the donation: None

Terms and conditions for return of the donation to the donor if the donation has any time or use limitations: None

Itemization of matching or additional funds or other costs that may be incurred by the District during and subsequent to the donation period: None

Donor comments, instructions and/or requests regarding the proposed donation: Support directly for A/V club equipment, participation in events, and student engagement.

The signature of the donor indicates that he/she has conferenced with the campus principal and/or Superintendent's designee and has provided the information reflected in the responses to the prompts/questions.


Signature of Donor
(or authorized signature if entity has a governing board)

5-5-25
Date


Signature of Principal/Director

5-7-25
Date

THE BELOW SECTION TO BE COMPLETED BY THE SUPERINTENDENT

Does the donation create a program or condition that is inconsistent with District policies, philosophies or current plans or purposes? YES ☒ NO

Does the donation create costs to the District that are unreasonable or unsupportable? YES ☒ NO

Does the donation create a restriction on any other school or District program that is inconsistent with District policies, philosophies, or current or future plans or purposes? YES ☒ NO

Does the donation create a conflict with public law? YES ☒ NO

Final Disposition:

☒ **APPROVED**

☐ **DECLINED**


Superintendent

5-7-25
Date