



MT. VERNON

COMMUNITY SCHOOL CORPORATION

"Engage, Educate, and Empower Today's Students"

GIFTS, GRANTS, AND DONATIONS APPROVAL FORM

Reference Policy F275

Instructions: Please complete the following form and submit it to the Business Office for review and approval.

Donor Information

- **Full Name/Organization Name:** Hickey's Shaved Ice, LLC (Kona-Ice)
- **Contact Person (if applicable):** _____
- **Address:** 11581 Lidlow Dr.
- **City, State, ZIP Code:** Fisher, IN 46037
- **Phone Number:** _____
- **Email Address:** _____

Donation Details

- **Type of Donation:** Monetary
- **Description of Donation:** Commission from Kona Ice on 10/4/2025.
- **Estimated Value** \$492.42
- **Date of Donation:** 10/6/2025
- **Purpose/Intended Use of Donation:** For use by the prom committee for expenses.

___ Please click here if the donor wishes to remain anonymous.

___ Please check here if the donor will be in attendance at the board meeting for which their donation will be accepted.

Recipient's Name: Leah Everett, Treasurer

School's Name: Mt. Vernon High School

For Office Use Only

Received By: _____

Date Received: _____

School Board Approved Date: _____