

Updated 11/2025

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BURNET MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Cristina Goncalves Date: 9/9/2026

Club Name: 8th Grade Activities

Acct. No.: 2020 Acct. Balance to Date: _____

Type of Fundraiser: 8th grade Funds

Purpose of Fundraiser: To raise funds for: 8th grade dance, 8th grade trip, 8th grade Awards & Graduation

What are you selling? Chocolates, Candy grams

Start Date of Project: September Completion Date of Project: June

Date of Sale(s): From September To: June

Sale Area/Location: Main Office

Sale will be monitored by: Cristina Goncalves

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: Cristina Goncalves Date: 9/9/2026

(Vice) Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: By 2 Date: 9/9/26

Placed on BOE Meeting Agenda for:

Month: _____	Year: _____	Approved: ☐ YES ☐ NO	By: _____
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If not fully completed, fundraisers will be rejected. If date of fundraiser is prior to Board meeting, date will be changed to after Board meeting. ALL FUNDRAISERS MUST BE BOARD APPROVED FIRST.

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BURNET MIDDLE SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Diana Schraer Date: 9/9/26

Club Name: Special Olympic Club

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fundraiser: Coffee Corner

Purpose of Fundraiser: To raise funds for: Special Olympics club activities,
equipment and uniforms.

What are you
selling? coffee | Tea - iced + hot

Start Date of Project: September Completion Date of Project: June

Date of Sale(s): From September To: June

Sale Area/Location: Room 151

Sale will be monitored by: Diana Schraer

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$ _____

Faculty Advisor Signature

Signature: Diana Schraer Date: 9/9/26

(Vice) Principal Signature

Signature: [Signature] Date: 9/9/26

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES ☐ NO ☐ By: _____

If not fully completed, fundraisers will be rejected. If date of fundraiser is prior to Board meeting, date will be changed to after Board meeting. **ALL FUNDRAISERS MUST BE BOARD APPROVED FIRST.**

Burnet Middle School STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Tara Colandrea, Kim Villane, Donna Senkiw & Diana Schraer Date: 9/09/2026

Club Name: PBSIS

Acct. No.: 2016 School Store/PBSIS Acct. Balance to Date: _____

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Type of Fundraiser: snack/candy/bake sales, flowers, attire, events such as March Madness & drinks

Purpose of Fundraiser: To raise funds for: PBSIS events & rewards at the school store to encourage positive behavior

What are you selling? Flowers, candy & lolli-pop grams, snacks, attire, bake sales
We do not purchase any flowers; the company sells them and we receive a percentage

Start Date of Project: 03/01/2027 Completion Date of Project: 03/30/2027

Date of Sale(s): From 09/3/2026 To: 06/30/2027

Sale Area/Location: Gymnasium and outside on the blacktop

Sale will be monitored by: Team members

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*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: TJ Hillyer

Vendor Business Name: The Commencement Group

Vendor Address: 21750 Hardy Oak Blvd Suite 104

City: San Antonio State & Zip code: TX 78258

Unit Cost of Product/Service: \$ _____

Proposal Sale Price: \$ _____

Total Cost of all Products Not to Exceed: \$ _____

Minimum Total Profit Expected: \$15% of sales

Faculty Advisor Signature

Signature: [Signature] Date: 9/11/2026

(Vice) Principal Signature

Signature: [Signature] Date: 9/11/26

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month: _____ Year: _____ Approved: YES ☐ NO ☐ By: _____