Memorial Donation Application

The Board of Education recognizes, with sadness, that both students and employees may pass while in attendance and/or in service to the Arlington Central School District. It is recognized that the death of a student or an employee generates significant emotion for all involved. As such, there are often requests to memorialize those who have passed. Both the emotion and the circumstances surrounding a student’s or an employee’s death make it challenging to balance sensitivity to the wishes of loved ones with the disruption or long term implications associated with certain memorial requests. It is highly recommended that the person or group proposing a memorial contact the Building Principal and Director of Facilities prior to completing this application. Certain living memorials are more appropriate to our climate and certain inanimate memorials require particular construction materials.

Name of person/group proposing memorial:________________________________________

Name of person/group being memorialized:_______________________________________

For which school property is this memorial proposed: ________________________________

Proposed location on the school property for this memorial: _________________________

Please describe contributions of person/group to the Arlington Central School District:

____________________________________________________________________________

It is required that the next of kin approve the proposed memorial. Has the next of kin given permission? ___Yes    ___ No
Please describe the funding source for the proposed memorial: ________________________________
__________________________________________________________________________________

Please describe the proposed memorial (e.g., tree, bench, plaque, etc.): ______________________
__________________________________________________________________________________
__________________________________________________________________________________

Will the memorial require upkeep/maintenance from the District? If yes, please describe:
__________________________________________________________________________________
__________________________________________________________________________________

Signature and contact information of person completing this form:

Printed Name of Applicant ___________________________ Signature of Applicant ___________________________

Phone Number/Contact Information ___________________________ Date ___________________________

Signature of Building Principal ___________________________ Date ___________________________

Signature of Director of Facilities ___________________________ Date ___________________________

Signature of Superintendent ___________________________ Date ___________________________

Once completed, this application will be placed before the Board of Education for consideration.