

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 157-C



CHARITABLE GIVING REQUEST

The district has established the following requirements to be considered for a charitable giving campaign. Please complete the form and submit to the Superintendent's office by March 1. You will be notified of the committee's decision regarding this request by June 1.

Name of Applicant: _____ Date: _____

	Applicant's Affiliation with FSD 157-C:					
	Name of Charitable Organization:					
	Date(s) of Event/Campaign:					
	Audience (i.e. all students, 6 th grade, all families, staff, etc.):					
	Type of campaign (circle one):					
	Donation of Service	Donation of Money	Donation of Goods	Combination of Service and Donation		
	Summarize the reques	st:				



1.	What pillar of the district's Character Counts program does this request align to?								
	TRUSTWORTHINESS	RESPECT	RESPONSIBILITY	FAIRNESS	CARING	CITIZENSHIP			

- 2. Does this request have a personal connection to a student, staff member or family of the district or community? If so, please explain.
- 3. Is this request a local effort that will directly benefit an organization or individuals in Frankfort and/or the Lincoln Way 843 District?

YES or NO

- 4. Explain how this request will raise awareness and promote social responsibility for our students, staff and families.
- 5. Is there a service component to this request? If so, please explain.

Please attach any supporting information for the committee.

Send application to Melissa Theobald, Administrative Assistant to the Superintendent:

mtheobald@fsd157c.org Applications are due by March 1 and applicants will be notified by June 1.

