



KID BOOSTER ANONYMOUS APPLICATION

District 203 Staff Applicant:

Name: _____

Position/School: _____

Phone: _____

Student(s):

Name(s): _____ Age: _____

School: _____ Grade Level: _____

Parents/Guardians : _____

Address : _____

Description of Need:

Specific request including total cost:

Check Payable to:

Name of organization or allied account: _____
(Federal tax laws indicate that checks not be made payable to individuals.)

Please note that the anonymity of the child is to be maintained throughout the process, regardless of the funding decision. Suggested “gift” funding is \$500; suggested one time approval per child. This program is not designed to promote clubs, activities, or other school classes.

PLEASE RETURN FORM COMPLETE WITH PRINCIPAL’S APPROVAL TO:
Naperville Education Foundation/District 203 Administrative Office
ATTN: Nina M. Menis, Director of Community Relations, School District 203
and District 203 Liaison to the Naperville Education Foundation

Approval:

_____ Dir. Community Relations

_____ Foundation Chair

_____ KBA Chair

_____ KBA Committee Member

_____ School Administrator

_____ District Administrator

Amount Approved by Foundation:

\$ _____

