

**PROPOSED NAME FOR FACILITY
APPLICATION**

Board approval will be required for the naming or renaming of all District facilities including schools or distinct portions thereof, such as the library or auditorium.

This form will be used by persons proposing names for new or existing facilities or distinct portions of facilities. This form must be completed to be considered an official application and submitted to the Superintendent's Office.

Date of Submission: _____

Name of Requestor: _____

Requestor's Relationship with the District:

Contact Information: (please indicate preferred form of contact)

Phone: _____ Email: _____

Mailing Address: _____

Identify the facility or portion of the facility to be named.

Check the boxes next to the type of facility to be named:

- Elementary School Middle School High School
 Districtwide Facility New Facility Portion of Existing Facility

Property to be Named: _____

Current name of facility (if applicable): _____

Name for consideration: _____

Proposed Costs: _____ Proposed Funding: _____

Check applicable boxes if facility is to be named for a person or group.

The name to be considered is based on the following categories:

- In the naming of a facility the individual or group made a major capital donation to the District for the facility by donating the land for the facility or making a donation of at least \$3 million toward the cost of constructing the facility.

- In the naming of a portion of a facility the individual or group made a major capital donation to the District for the facility by donating the land for the facility or making a donation of at least \$500,000 toward the cost of constructing the facility.

All submissions will be presented in writing; please attach additional pages in response to the questions below:

- 1) Biographical Data
- 2) What relationship exists between the individual(s) being proposed and the particular property?
- 3) Evidence of School and Community Support for the Recommendation (Two letters in support of the recommendation.)

Complete the following information to facilitate the dedication ceremony:

PERMISSION FROM FAMILY AND/OR NOMINEE

Please provide contact information for nominee's family:

Name _____ Relationship _____

Address _____

Phone # _____ Fax # _____

E-mail address _____