

Missoula County Public Schools
REQUEST FOR NAMING RIGHTS IN RECOGNITION

Name of Individual/Entity Making Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Name of Individual for which Naming Right in Recognition is Sought: _____

Was this Individual an employee of MCPS? _____ Yes _____ No

If so, please provide the dates of the Individual's employment: _____

Please identify the Individual's position(s) within MCPS: _____

Did this Individual attend MCPS? _____ Yes _____ No

If so, please provide the dates the Individual attended: _____

Please list the MCPS school(s) the Individual attended: _____

Was this individual an employee of the local, state, or federal government? _____ Yes ___ No

If so, please list the position(s) held by and the governmental entity employing the Individual: _____

Was this individual an elected governmental official? ___ Yes _____ No

If so, please list the office(s) and terms of office held by the Individual: _____

If not answered above, what was the Individual's occupation? _____

If not answered above, where did the Individual reside? _____

Date of Individual's death: _____

Description of Naming Right Sought: _____

Were any monetary contributions made "in memoriam" for the Individual? _____ Yes _____ No

If so, what is the amount of total monetary contribution(s) made on behalf of the Individual:
\$ _____

Date of Contribution(s): _____

If the contribution(s) was for any specific purpose, provide an explanation of the purpose(s) for which the contribution(s) was made: _____

If additional space is needed, please attach additional sheets with this information to this form.

Please provide a description of any significant achievements of the Individual for which Naming Rights are Sought. *Evidence of significant achievements may be attached to this form:* _____

If additional space is needed, please attach additional sheets with this information to this form.

Please provide a description of any public service the Individual performed for the good of the community in regards to public education. *Evidence of public service performed may be attached to this form:* _____

If additional space is needed, please attach additional sheets with this information to this form.

Please provide a description of any civic contributions made by the Individual to MCPS or an MCPS school or any other productive support given by the Individual for the advancement of public education. *Evidence of civic opportunities may be attached to this form:* _____

Please provide a description of any contribution(s) made by the Individual on a regional or statewide basis to the promotion of public education. *Evidence of contribution(s) may be attached to this form:* _____

If additional space is needed, please attach additional sheets with this information to this form.

******Nothing herein shall preclude MCPS or the Naming Rights Committee from engaging in its own investigation of the Individual******

By signing this application, I acknowledge the following:

- I am authorized to make this request on behalf of the Individual or Individual's representatives identified above
- The information contained herein is true to the best of my knowledge;
- I am familiar with the Naming Rights Policy and Procedures; and
- The decision whether to grant this request rests entirely with the MCPS Board of Trustees and that any "in memoriam" contributions made on behalf of the Individual for whom a Naming Right is sought provide no guarantee that a Naming Right will be granted.

Signature: _____

Date: _____