

Wentzville School District
donorschoose.org Application

Date: _____

Name: _____

School: _____

Email address: _____

Title of project: _____

Purpose/Goal: _____

Total goal amount: _____

Materials requested for project: _____

Reviewed/Approved:

Community Relations _____

Curriculum Department _____

Business Office _____

Technology Department (if applicable) _____

Employee Signature

*I understand by submitting this request that any materials sent to me as a result of donations are ultimately the property of the Wentzville School District. If I transfer internally within the WSD, I may take the materials with me, however if I leave the WSD, the educational materials will remain with the Wentzville School District.