



BEA FUND FOR NEEDY KIDS REQUEST FORM

Today's Date: _____

Person making referral: _____ School: _____

Contact number for more information, if needed: _____

Name of Student: _____

School: _____

Grade: _____

Your relationship to student: _____

Specific Need Description: _____

(use back if necessary)

Amount hoped for: _____

To whom would check be made out (please print): _____

Check should be mailed to:

Address: _____

City/State/Zip: _____

Who will be responsible for seeing that the check is spent to meet the above-mentioned need? _____

Send your completed request to Noreen Burris at Miles Avenue Elementary. If this requested is granted, you'll get a copy of this form back, along with a check.

We ask that you attach a store receipt to this form and return it to the BEA office after the need has been met.

Thank you!

BEA Fund for Needy Kids Committee

Noreen Burris, Miles Avenue

Debbie Dolezal, Beartooth

Penny McSweyn, Boulder

Patrick Kenney, Will James

Davis Stevens, Sandstone

Kelly Smith, Beartooth