

WE CARE - NOMINATION FORM

<i>Please complete top section of form and turn in to a building We Care Committee Member (see list of committee members on the Weld Re-3J portal)</i>			
Name of Person(s) Submitting Nomination Form:		Date:	
Name of Employee, Person or Re-3J Family Being Nominated:			
Name of Weld Re-3J School(s) that nominee is affiliated with (check all that apply):	<input type="checkbox"/> Hoff Elementary School <input type="checkbox"/> Hudson Academy of Arts and Sciences <input type="checkbox"/> Lochbuie Elementary School <input type="checkbox"/> Weld Central Middle School <input type="checkbox"/> Weld Central Sr. High School <input type="checkbox"/> District		
Please indicated what funds are needed for (check all that apply):	<input type="checkbox"/> Food <input type="checkbox"/> Clothing/Shoes <input type="checkbox"/> Medical Bills (doctor/hospital) <input type="checkbox"/> Medical Supplies (prescriptions, crutches, etc.) <input type="checkbox"/> Fuel <input type="checkbox"/> Utilities (Gas/Water/Electric) <input type="checkbox"/> Other:		
Please provide details of hardship:			
Bottom section to be completed by the We Care Committee			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied*	*If denied, please give reason(s):		
Amount of Funding Approved:	\$	Funds to be Given by:	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: <input type="checkbox"/> Gift Cards <input type="checkbox"/> Direct Payment to Facility <input type="checkbox"/> Direct Purchase
Additional Details of Funding:			
Signature of President:		Date:	