MAPLETON
EDUCATION FOUNDATION
TRANSFORMING GENEROSITY INTO OPPORTUNITY

CHAPTER APPLICATION

Mapleton Education Foundation | Updated August 2026

Thank you for your interest in becoming an official Mapleton Education Foundation Chapter. This application helps MEF understand your school community's interest, proposed leadership, and readiness to operate as a Chapter.

1. CHAPTER INFORMATION

Date: _____

School Name: _____

Proposed Chapter Name: _____

Official Chapter names must begin with the school name.

Primary Contact: _____ **Email:** _____

Phone: _____

2. ABOUT YOUR PROPOSED CHAPTER

Why are you interested in becoming a Chapter of the Mapleton Education Foundation?

Describe the interest and support for establishing an MEF Chapter at your school. Please include how families, staff, school leadership, and other members of the school community have been involved.

3. SCHOOL DIRECTOR SUPPORT

The school director's signature confirms awareness of and support for the proposed MEF Chapter. It does not make the Chapter a school or District account.

Director Name: _____ **Date:** _____

Signature: _____

MAPLETON
EDUCATION FOUNDATION
TRANSFORMING GENEROSITY INTO OPPORTUNITY

CHAPTER APPLICATION

4. PROPOSED CHAPTER LEADERSHIP

Please list the individuals who will serve as the Chapter's initial officers.

Title	Name	Email	Phone
President			
Vice President			
Treasurer			
Secretary			
Additional Officer			
Additional Officer			

5. CHAPTER COMMITMENTS

By signing this application, proposed Chapter leaders acknowledge that:

- ☐ We have reviewed the Mapleton Education Foundation Chapter Policies and agree to follow them.
- ☐ We understand that Chapter-sponsored activities use MEF Chapter funds and follow MEF procedures.
- ☐ We understand that school-sponsored activities use District funds and follow Mapleton Public Schools procedures.
- ☐ We will keep financial responsibility clear when the school and Chapter work together.
- ☐ We will complete and submit the Annual Fundraising Plan Form as part of the Chapter approval process.

President: _____ **Date:** _____

Vice President: _____ **Date:** _____

Treasurer: _____ **Date:** _____

School Director: _____ **Date:** _____

6. SUBMIT YOUR APPLICATION

Please submit this application and the Annual Fundraising Plan Form to:

Laura Milani, Executive Director
Mapleton Education Foundation
7350 Broadway, Denver, CO 80221
MEF@mapleton.us | 303.853.1033