

October 20th, 2025

To whom it may concern,

We are a group of teachers who want to **"Honor a Teacher from Lake Worth"**, Maria Charron.

This is a glimpse of her journey.

Elementary teachers are the foundation of education in action 🤗

Today Let's Connect the Dots is honored to celebrate our newest Connection; Maria Charron- a nineteen-year veteran of education and learning.

Maria was first diagnosed with endometrial cancer at the age of 33. Hoping this would be the end of the scare, Maria moved forward with surgery.

Twelve years later, the same cancer returned with a stage 4 category. An additional mass was found

around the kidney and chemotherapy along with radiation ☢️ was started.

After 7 rounds of Chemo and 42 rounds of radiation, Maria lost her kidney. The healing process has been long and agonizing.

A 3rd run in with cancer yet again, shows a metastatic growth to the liver and colon; Maria is back in full treatment.

This heroic elementary teacher is still engaged in what she loves the most; teaching.

Her students love her and so do we; connecting the dots for Maria and making a difference one dot at a time.

#connectingthedots

#connectingthedotsforMaria

#teachersmakeadifference

#fightingcancertogether #nomorecancerever



Jobita Crespo & Christian Kahler

Educators

Non-Profit Fee Waiver Request Form



SECTION 1: ORGANIZATION INFORMATION

1. Organization Name: N/A

2. Non-Profit Status (501(c)(3) or similar):

☐ Yes ☐ No

(If yes, please attach IRS determination letter or other documentation.)

3. EIN (Employer Identification Number): _____

4. Primary Contact Person:

Name: Jobita Crespo / Christian Kahler

Phone: 561-376-8724

Email: Jobita.Crespo@Palmbeachschools.org

5. Organization Address:

Address: _____

City: _____ State: _____ Zip: _____

SECTION 2: EVENT DETAILS

6. Event Name or Title: Honoring a teacher from Lake Worth

7. Date(s) of Event: Friday Nov. 14th

8. Time(s) of Event: Event time: 5:30 pm-8:30 pm / Plus 2 hours set-up time

9. Location Requested: Lake Worth Beach

10. Brief Description of the Event or Purpose:

See attached

11. Will the event be open to the public?

☐ Yes ☒ No

12. Estimated Number of Attendees: 150 Guest

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SECTION 3: FEE WAIVER REQUEST DETAILS

13. Type of Waiver Requested:

- ☒ Full Rental Fee Waiver
☐ Partial Rental Fee Waiver
☐ Deposit Fee Waiver

14. Explain how the event aligns with community benefit or public interest:

We will be honoring a teacher from Lake Worth Schools. Teach^{er} for over 20yrs.

15. Has your organization previously received a fee waiver from us?

☐ Yes ☒ No If yes, please provide date(s): _____

SECTION 4: ATTACHMENTS (REQUIRED)

Please attach the following:

- Proof of Non-Profit Status (IRS 501(c)(3) letter or similar)
- Certificate of Insurance naming the City of Lake Worth Beach as additional insured

SECTION 5: AUTHORIZATION

I certify that the information provided above is true and correct to the best of my knowledge. I understand that submitting this request does not guarantee approval and that additional documentation may be required.

Signature: Jobita Crespo
Name: Jobita Crespo / Christian Kahler
Date: 10/20/25

FOR OFFICE USE ONLY

(All requests must be submitted no later than 30 days prior to the event date)

☐ Approved ☐ Denied ☐ Additional Info Requested

Reviewed by: _____

Date: _____

Comments and Fee Amount Waived:
