

Date of Application: _____

Tiger Foundation Assistance Application

(all information provided is CONFIDENTIAL and only used for this purpose)

Student Information:	Parent/Guardian Information:
Name: Grade: Date of Birth: Student's School: ___ ALHS (8-12) ___ ALC (9-12) ___ SWMS (6-7) ___ Halverson (K-5) ___ Hawthorne (K-5) ___ Lakeview (K-5) ___ Sibley (K-5)	Name: Street Address: City/State/Zip: Phone Number: E-mail:

Proposal/Request

Name of the Activity: _____ Cost of the Activity: _____

Contact Information for the Activity: _____

(include the name of the organization/business and the address to send payment)

Is your family able to pay part of the cost (if yes, how much)? _____

Why do you (the student) want to participate in the activity and what do you hope to gain from participating?

The committee will review and get back to you within 7 (seven) working days.