

**ALEXANDRIA PUBLIC SCHOOLS  
APPLICATION FOR HAVE-A-HEART FUND**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Reason For Request: \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

List All Children Attending School (Grade 12 and Under):

Last Name	First Name	School	Grade

List All Household Members (18 Years and Older):

Last Name	First Name	Monthly Gross Income

Total Household Members: \_\_\_\_\_ Total Household Yearly Income: \_\_\_\_\_

District 206 doesn't carry health insurance on students.

Do you currently have health insurance on this child? \_\_\_\_\_ **Yes** ( \_\_\_ Private \_\_\_ MnCare \_\_\_ Medical Assistance )

\_\_\_\_\_ **No**

**Does your insurance have any vision coverage? Yes / No**

Medical Assistance Number (If Applicable): \_\_\_\_\_

Signature: I certify that all the above information is true and correct and that all income is reported.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE ACTION TAKEN**

\_\_\_\_\_ **Date**  
\_\_\_\_\_ Request Approved      Amount Approved \_\_\_\_\_  
\_\_\_\_\_ Request Denied      Reason

Registered Nurse Signature: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_