

CHILDREN IN CRISIS FUND APPLICATION

1. Name of Person(s) Making Request:			
Title:		Phone:	
Location:		Date:	
2. Request is made on behalf of:			
Name	Age	Grade	School Attending
3. Name of Recipient (Parent/Guardian):		Phone:	
4. Address:			
Street Address:		City:	State: Zip:
5. Application for assistance is made for the following reason(s):			
5-A. Name of Payee (As it should appear on the check):			
6. Amount of Request:			
6-B. Is there a long-term plan in place to ensure a crisis is diverted in the future? (i.e. job employment)			
7. If approved, funds will be used for the following purpose (be specific):			
8. Are there any other outside agencies that have already been connected with this request? (i.e. Navigation Center)			
9. Is the family currently receiving a monthly income?			
Signature of Requestor		Signature of School Principal/Department Head	



Charleston County
SCHOOL DISTRICT