



TEXARKANA

Independent School District

TISD Care Fund Application

Application for Financial Assistance

Person in Need of Financial Help: _____

Campus/Department: _____

Department Position: _____

Statement of Hardship:

Application Submitted By: _____

Signature: _____ Date (MM/DD/YYYY): _____

FOR OFFICE USE ONLY:

Reviewed By: _____ Date: _____

Decision: _____