Student Assistance Request Form

For completion by an approved school or agency representative. Parents/guardians and students do not submit requests directly to the Foundation.

Requesting Representative

Name / Title:

_____

School / Agency:

_____

Email / Phone:

_____

Student / Participant

Student name or identifier (only what is needed to fulfill the request):

_____

School / Program:

_____

☐ TK-12 / Charter School

☐ Adult Education / Certification Program — participant is age 22 or younger

Assistance Requested

☐ Essential Health & Safety

☐ Medical & Accessibility

☐ Educational Access & Supplies

☐ Career & Graduation Readiness

☐ Participation & Enrichment

Describe the item, service, fee, or other assistance requested:

_____

_____

Estimated cost / amount requested: $

_____

When is the assistance needed?

_____

Need and Educational Impact

Briefly describe the barrier and how the requested assistance will help the student learn, attend, participate, belong, or succeed:

_____

_____

_____

Other Resources / Steps Already Taken

Please describe any school, agency, community, family, or other assistance resources you have explored and the outcome of those efforts. Refer to the attached Community Resource List for additional resources that may be available.

_____

_____

_____

Representative Verification

By submitting this request, I confirm that I have sufficient knowledge of the student/participant's circumstances to verify that financial assistance is needed. I have provided information that is accurate to the best of my knowledge and have identified other reasonable resources or steps already explored.

Representative signature / electronic acknowledgment:

_____

Date:

_____

Foundation Use Only

Request ID:

_____

Amount approved: $

_____

☐ Allocations Committee approval (up to $250)

☐ Board approval (over $250)

☐ Approved

☐ Approved with modification

☐ Not approved / referred to another resource

Decision / fulfillment notes:

_____