



EMERGENCY FUND REQUEST

REQUEST FORM

PLEASE NOTE, these funds are to be used to:

- Address immediate needs of children who face hardships that may distract them from learning.
- To provide a tool for schools to support student attendance and minimize academic disruptions.
- Address inequality that exists for students whose limited family resources restrict their opportunities.

Requesting School

Contact Name

Contact Email

Contact Phone

Student Name

Parent Name

Is this an emergency request?

Yes No

Have any social service agencies been contacted regarding this request?

Yes No

If yes, please list them:

Amount Requested

Form of Payment Requested

Check Credit Card Gift Card

Distributions are typically processed on Wednesday afternoon unless an emergency request is noted. Repeat requests from one family/student are **not** encouraged. At no time should the payment (check or gift card) be given to the parent or student.

Please note:

- If payment needs to be sent to a third party, including but not limited to, a utility company, transportation company, landlord, scholarship program, or event program, please include a copy of the bill or invoice.
- Payments are not to be used for incentives of any kind.



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Request Description (200 characters)

Please select the charitable purpose that is associated with this request:

- | | | |
|---|---|---|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Special Event Expenses | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Food | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Rental Expense | <input type="checkbox"/> Supplies | <input type="checkbox"/> Other |

Additional notes to the request:

Signed (digital or written) _____

Title _____

Date _____

QUESTIONS? Please contact