

CHILDREN'S NEED GRANT APPLICATION

Date _____ MM/DD/YYYY

Person referring this child

Teacher Social Worker Counselor Other _____

Email Address _____

Phone _____

Signature _____

Date _____

Relationship to child _____

Child

Full Name _____

Age _____

Grade _____

Ethnic background

Native American African American Asian White

Hispanic Pacific Islander Other _____

Guardian/Parent

Full Name _____

County _____

Phone _____

Email Address _____

Signature _____

Date _____

Child's Signature _____

Reason for applying for this support grant _____