

# APPLICATION CHILDREN'S NEED GRANT

Date  MM/DD/YYYY

## Person referring this child

Teacher  Social Worker  Counselor Other

Email Address

Phone

Signature

Date

Relationship to child

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## Child

Full Name

Age

Grade

Ethnic background

Native American  African American  Asian

Hispanic  Pacific Islander Other

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## Guardian/Parent

Full Name

County

Phone

Email Address

Signature

Date

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Child's Signature

Reason for applying for this support grant