



Care Fund APPLICATION

1. Child's Name*: _____ D.O.B: _____

2. School: _____

3. What is your professional relationship to the child? _____

4. I consider the child to be "at risk" because: _____

5. Specific item the fund will provide for the child: _____

6. Describe the child's physical, social, emotional need and how you feel it can be met through the CARE Fund: _____

7. Cost (be specific): _____

8. Other Community resources you have contacted to meet the child's needs: _____

9. I will commit to following through with this request by personally purchasing and delivering the good/service and assuring (to the best of my ability) that the child will be the sole beneficiary of the donation.

_____ YES _____ NO

The name and title of the person completing this application:

Name: _____ Title: _____

Supervisor: _____ Title: _____

Agency & Address: _____

Phone: _____ Fax: _____

*Last name may be omitted for confidentiality if necessary (Revised 7/23/07 kas)