



Educational Needs Financial Help Application

Name of Student: _____

School: _____ Grade: _____ Age: _____

Name of Parent/Guardian: _____

Phone Number: _____ Email: _____

Employer (include all employers for each parent/guardian living in the same household as the student): _____

Other income received by parent or guardian (child support, disability, etc.): _____

How long have you lived in the North Adams School District? _____

What are you asking for financial assistance for? (i.e. eye glasses, dentist/doctor visit, shoes, prescription medicine, etc): _____

Why are you asking for financial assistance at this time? (i.e. loss of job, low income, etc.): _____

Are you willing to give back by volunteering your time to the school and/or SOS for receiving the financially help? (We are not asking you to give back financially.) _____

Signature of Parent/Guardian

Date

**This application can be dropped off at your child's school or can be mailed to:
Serving Our Schools, Inc. 245 Briarwood Trail, Decatur, IN 46733**

Applications may take up to 2 weeks to approve. You will be contacted by email or phone when your application has been approved or denied. Please keep in mind that funds are not always available. If the application is denied because funds are not available the application may be reviewed again at a later date once funds become available.

Official Use Only:

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Application is Approved _____

Application is denied _____ Reason for Denial: _____

Approval/Denial Signature: _____ Date: _____