

RUTH GIESE-WARD FUND
APPLICATION FOR FINANCIAL ASSISTANCE

Date _____ School _____

Name of child _____ Birth Date _____

Parent/Guardian Name _____

Address _____
Street City Zip Code

Telephone (Home) _____ (Cell) _____
(Work) _____

Give a brief description of the type of assistance needed: _____

SOURCE OF ALL INCOME (Must be completed)
Please indicate monthly or yearly

Salary/Wages	_____
DHS Assistance	_____
Unemployment	_____
Social Security	_____
Child Support	_____
Other (please specify)	_____

Total Income (include **ALL** sources of income) _____

Total number of individuals in the family. _____

Any special circumstances surrounding this request? _____

Signature of Person Completing this Form

Do Not Fill in Below This Line

APPROVED

AMOUNT \$ _____

NOT APPROVED