

Washington County School District Foundation Articles of Incorporation and Bylaws state: The purposes for which this Corporation is formed are in general to promote, sponsor, and carry out educational objectives.

## WCSD Foundation At-Risk Student Funds Request

Date: \_\_\_\_\_

Name of Administrator/Counselor/Title 1 Site Coordinator requesting education related support for the student(s) listed below: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_

(List student(s) receiving requested education related support)

Student Name: \_\_\_\_\_ Currently Enrolled in school      Yes      No

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Currently Enrolled in school      Yes      No

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Cost: \$ \_\_\_\_\_

List item(s) or support requested: \_\_\_\_\_

\_\_\_\_\_

Educational objectives supported by the WCSD Foundation expense request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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(For Foundation Office use only)

List date and amount for all Foundation At-Risk Student assistance the student/family has received in the past 12 months:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

District Check

P-Card

Petty Cash

P.O.

Reimbursement

Submitted information has been verified and fits within the WCSD Foundation guidelines of promoting, sponsoring, and carrying out educational objectives:

Approval Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Allowed education related expenses may include but are not limited to: Clothing, shoes, school fees, backpacks, school supplies, dental & medical services including eyeglasses and hearing aids, food (to meet needs during instructional time or activities), negative lunch balance, internet if required for school work, Chromebook for school work, gas to enable students to remain in their school of origin.*