

Chandler Unified School District Student Crisis Fund

Chandler Education Foundation Request for Financial Assistance



Complete this form and return through inter-office mail to:

CUSD Student Crisis Fund
C/O Donna Nigh
District Office

Financial Assistance FAQ

Q: Who can request funds?

A: Requests for Funds may be submitted by any staff member to assist a currently enrolled CUSD Student with a variety of needs.

Q: How do I request funds?

A: Please fill out required form(s) and send through inter-office mail to:

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Q: What needs does the Crisis Fund provide assistance for?

A: Assistance may include a wide variety of needs such as school supplies, clothing, personal hygiene items, fees for special program or events, and other items deemed necessary by the staff who is working with the child. In addition, requests may be made for medical expenses or financial needs directly related to other tragic events in the student's life.

Q: How much assistance can a student receive?

A: There are 3 tiers of assistance offered. For Tiers B & C you will need to fill out additional forms in order for the student to receive the assistance.

\$1,000 and under – complete form A
\$1,001 to \$2,500 – complete forms A & B
\$2,501 and above – complete forms A, B & C

Q: How is eligibility determined?

A: Funds are granted on the basis of need and availability of funds. A CUSD Student Crisis Fund committee member will contact the employee submitting the request regarding its status.

Q: How are funds granted?

A: Money is given to the service provider only. We are unable to give cash directly to the family.

Q: Is the student info kept confidential?

A: Yes. Names of those receiving funds will be kept confidential.

Q: Does the Parent/ Guardian have to be involved?

A: Yes. Parent/Guardian approval is necessary for the child to receive assistance. The staff requesting funds must contact the parent prior to submitting the form.

Employee Requesting Funds

First Name: _____ Last Name: _____ Phone: _____

School/Dept: _____ Position: _____ Date Submitted _____

I will contact parent/guardian with the outcome. I would like the CEF committee to contact the parent/guardian with the outcome

Confidential Information

Student(s) Name : _____ D.O.B. : _____

School : _____ Grade Level : _____

Parent(s) Name: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Home Number(s): _____ Cell: _____

Amount of Money Requested:

\$ _____

\$1,000 and under – complete form A
\$1,001 to \$2,500 – complete forms A & B
\$2,501 and above – complete forms A, B & C

Reason for Request of Funds (explain in detail, add additional paper if needed): _____

For CUSD Student Crisis Committee Use Only

Signature _____ Date: _____

Approved
 Not Approved

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Complete this form, attach to form A and return through inter-office mail to:

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Family Residence Information

Student(s) Name : _____ D.O.B. : _____

School : _____ Grade Level : _____

Identify the people living in the home by placing a mark in the space provided.

<input type="checkbox"/> Father	<input type="checkbox"/> Older brother(s)	How Many	_____
<input type="checkbox"/> Mother	<input type="checkbox"/> Older sister (s)	How Many	_____
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Younger brother (s)	How Many	_____
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Younger sisters (s)	How Many	_____
<input type="checkbox"/> Other (s) State relationships: _____			

Family Financial Information

Income

Wage Earner : _____	Relationship to Student : _____
Occupation : _____	
Gross Annual Income: _____	
Wage Earner : _____	Relationship to Student : _____
Occupation : _____	
Gross Annual Income: _____	
Other Income Sources (i.e. non-resident parent, etc.):	

Family Checking/Saving:

\$ _____
checking

\$ _____
savings

\$ _____
other

Family Expenses

Standard Monthly Expenses (i.e. Rent, utilities, food etc.) : _____

Are you on AHCCS? Yes No

Please provide other pertinent financial information (i.e. medical insurance, etc.)?

Please indicate any extenuating financial circumstances of which the Committee should be aware while considering the application.

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Chandler Education Foundation Application for Financial Assistance



Complete this form, attach to Form A & B and return through inter-office mail to:

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Part I - Application Information

Applicant Name : _____ <small style="margin-left: 40px;">First Middle Last</small>	Date: _____	Referred By: _____ <small style="text-align: center;">Name</small>
Social Security Number : _____	D.O.B. : _____	_____ <small style="text-align: center;">Phone Number</small>
Mailing Address: _____ City: _____ State: _____ ZIP: _____		_____ <small style="text-align: center;">Email Address</small>
Resident Address: _____ City: _____ State: _____ ZIP: _____		
Home Number(s): _____ Cell: _____		

Part II - Household Information

List all persons living in the house other than the applicant

SS #	Last Name	First Name	MI	D.O.B/ Age	Relationship to Applicant	
						Family Size _____

Part III - Net Monthly Household Income

List all sources of income for the household

Source of Income	Amount	30 Day Net Inc	
			Total Monthly Net Income Received: \$ _____

List any other income and amount:

Part IV - Household Assests

List assets for all household members and attach supporting documents

Name of Bank	Account Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Total Household Assets: \$ _____
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Check Yes or No for the following (if you check Yes you must list the value):

Own stocks or bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes list value: \$ _____
Cash Value Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Money Market Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Real Estate Investments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____



Part V - Household Expenses

Mortgage/ Rent	\$ _____	Alimony / Child Support	\$ _____	Total Regular Expenses:
Utilities	\$ _____	Medical	\$ _____	
Auto Insurance	\$ _____	Loans	\$ _____	
Food	\$ _____	Other	\$ _____	
Child Care	\$ _____			
				\$ _____

Part VI - Emergency Expenses

List all expenses not normally acquired

Expense	Reason for Expense	Amount	Total Emergency Expenses

Part VII - Credit Summary Information

List outstanding credit balances

Credit Card	Balance	Total Outstanding Credit	NOTES:

Part VIII - Emergency Needs

Describe Emergency (If needed attach a separate piece of paper)

Approximately how long do you anticipate the need for aid?

Part IX - Statement of Truth

I have examined this application and agree that the information is true and correct to the best of my knowledge. I am aware that the information contained in this application is subject to verification. I understand all statements in this application are made for the purpose of obtaining aid from the student crisis fund and that failure to provide requested documentation, or any falsified information, may result in denial of this petition. I agree that this application shall remain the property of Chandler Education Foundation.

Applicant Signature _____

Date: _____

Authorized Signature of Agency _____

Date: _____