

Chandler Unified School District Student Crisis Fund

Request for Financial Assistance

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

CUSD Student Crisis Fund
C/O Donna Nigh
District Office



Purpose: The CUSD Student Crisis fund exists to provide financial assistance, medical or financial needs related to a crisis in the student's life.

- The crisis fund will pay providers, vendors directly (i.e. physicians, medical providers etc...). We do not reimburse families.
- Financial assistance may be requested including, clothing, food, school supplies, fees for special programs or events deemed necessary by staff working with the student.
- Please complete the form and forward to Donna Nigh at the district office.

Person Requesting Funds

First Name: _____ Last Name: _____ Phone: _____
School/Dept: _____ Position: _____ Date Submitted _____

Confidential Information

Student Name: _____ School: _____ Student Grade Level: _____ Parent(s) Name: _____ Street Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____	Amount of Money Requested: \$ _____ * Additional paperwork may be requested.
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Reason for Request of Funds (explain in detail, add additional paper if needed): _____

For CUSD Crisis Committee Use Only

Signature _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Student & Family Welfare
		<input type="checkbox"/> Not Approved	<input type="checkbox"/> Student Crisis