

**Family Support Fund  
Confidential Scholarship Request Form**



DATE SUBMITTED: \_\_\_\_\_

Advocate Manager: \_\_\_\_\_

Case Number: \_\_\_\_\_

**CASA Volunteer Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Client Information:**

Parent/Guardian Names: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Service requested for this child: \_\_\_\_\_

Company/Organization Providing the Service\*: \_\_\_\_\_

Company/Organization Address\*: \_\_\_\_\_

*\*Check will be made out to and mailed to them*

Total Cost of this Service: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Please provide a detailed explanation to support the above request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach supporting documentation such as invoices, tuition forms, website links, program details

**For Office Use Only**

Accepted

Rejected

\_\_\_\_\_  
Accepted – Program Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted – Executive Director Signature

\_\_\_\_\_  
Date

Total Amount \$: \_\_\_\_\_ Date Check Mailed: \_\_\_\_\_