

**CASA Early Childhood & Special Needs Support Fund
Confidential Scholarship Request Form**



DATE SUBMITTED: _____

Advocate Manager: _____

Case Number(s): _____

Mark Appropriate Box: Early Childhood Special Needs

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. If Special Needs, please include description of recommendation. (Example: Child's PT suggests stretching bands for at-home exercises.)

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 \$: _____ Check Number: _____ Date Check Mailed: _____