



Hendricks County
COMMUNITY FOUNDATION



STUDENT EMERGENCY REQUEST

Email or fax to the Hendricks County Community Foundation
This form is also located at: www.hendrickscountycf.org
Email: linda@hendrickscountycf.org Fax: (317) 718-1033

Date: School:

School contact: Title:

Phone: Ext: E-mail:

Student name: Date of birth:

If applicable: Sibling(s) first and last Name(s), DOB(s) and school(s) should be included within an email along with the electronic request form or on a separate page if faxed to the Community Foundation.

Note: requests for rent and utilities will not be considered.

Reason for request (Check all that apply):

Medical <input type="checkbox"/>	Prescriptions <input type="checkbox"/>	School related expenses <input type="checkbox"/>
Vision <input type="checkbox"/>	Hearing <input type="checkbox"/>	Food/Clothes/Hygiene <input type="checkbox"/>
Dental <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>

Does student qualify for Free/Reduced Lunch Program? Yes No
If answer is no, please explain financial need below.

Please be aware: after 90 days of the original request, any request with no activity, e.g., doctor appointments not completed, prescriptions not picked up, etc., **will be considered withdrawn**, and to reactivate the request, a new request must be submitted from you to the Community Foundation.

Further explanation regarding request (limit 270 characters when completed electronically):

Grant Amount-requested: \$

Recommended Vendor:

Vendor Address:

Vendor Phone:

Hendricks County Community Foundation office use only

Grant approved by: Date approved: (m/dd/yy)

Grant denied by: Date Denied: (m/dd/yy)

Staff Comments (limit 220 characters when completed electronically):

Grant Amount-actual: \$ Grant #

Credit #5421 Credit #7616