

The Helping Foundation

REQUEST FORM

Sponsor Name:

Date:

Phone:

Fax:

Email:

Student's Name:

School:

Please state student's needs:

Amount of request:

You must indicate outcomes of contacts with appropriate agencies/resources such as those listed below that have been explored for assistance:

- 211 (dial 211)
- DHS (966-1284)
- Lion's Club (968-4312) *for glasses only*
- Other

Name and address of individual or organization receiving funds on behalf of the student.
(Payments are not made directly to a student.):

Name:

Address:

Parent/Guardian authorization to submit Request (**Required**):

Parent/Guardian Name (please print)

Parent/Guardian Signature

Completed request form may be emailed or faxed to the attention of Jennifer Jackson.

Email: jacksonj@calhounisd.org

Fax: 269-964-3410

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☐ Approved

☐ Not Approved