

HELP A STUDENT TRUST FUND REQUEST 2011 - 2012



Partnership Office
601 S. 8th • P.O. Box 1357
Tacoma, WA. 98401-1357
253.571.1016 • 253.571.1087
Fax 253.571.1043

YOUR NAME	POSITION	TPS Extension	*Fax # for Response*

Purpose of Trust: Help students who are in need of basic necessities to ensure attendance at school.

STUDENT NAME: LAST	FIRST	Student Number	School

STEP 1: Please check the appropriate boxes for your request.

<u>Uniform</u>	<u>Clothes</u>	<u>Special Needs</u>
Shirt	Coat	Medication
Pants	Shoes/Socks	Glasses
Sweater	Pants	Other: Please List Item/s Below
Other: Please List Item/s Below	Undergarments	
	Other: Please List Item/s Below	

Include sizes and other pertinent information:

STEP 2: Briefly, but clearly, describe the rationale for your request. Keep in mind the criteria for this fund.

STEP 3: Please have one of your building administrators review this request. Send your request by e-mail to the Partnership Office (dosterh@tacoma.k12.wa.us) to ensure a quick response. If necessary you can fax (253.571.1043) to partnership office. Refer to HASF Directions page for criteria and processing request.

Date: Date M/D Check if completed

This request has been reviewed by:

Administrator's Name: Extension

BRC Authority ONLY

<p>Approved</p> <p style="text-align: center;">BRC Signature</p> <div style="border: 1px solid black; width: 100%; height: 30px;"></div>	<p>Denied</p> <p style="text-align: center;">Date M/D</p> <div style="border: 1px solid black; width: 100%; height: 30px;"></div>	<p style="text-align: center;">COMMENTS/CONDITIONS</p> <div style="border: 1px solid black; width: 100%; height: 40px;"></div>
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