

MEXICAN SPRINGS COMMUNITY CHAPTER
Request for Financial Assistance (Student Enrichment)

Name: _____ Phone No: (Hm) _____ (Wk) _____

Address: _____
(PO Box/Street Address) (City) (State) (Zip Code)

Social Security No: _____ Census No: _____

Purpose for Financial Assistance: _____

Signature of Requester

Date

↓ ↓ ↓ **For Office Use Only** ↓ ↓ ↓

(Check one)

The requester is a registered member of the Chapter and is listed on the N.N. Voter's Registration Listing

_____ Initial of Confirmation

The requester is not a registered member of the Chapter and is not listed on the N.N. Voter's Registration Listing

_____ Initial of Confirmation

If under 18 years of age, are parent(s) registered member(s) of the Chapter and are they listed on the N.N. Voter's Registration Listing? If yes, please state name(s)?

_____ Initial Confirmation

Parent's Name: _____

Account Number: _____

Amount: \$ _____

APPROVED or DISAPPROVED:

DATE:

Community Service Coordinator's signature

If disapproved, state reason? _____

CONCURRED:

DATE:

Chapter Secretary/Treasurer
