



School Year 2018-2019
Educational Enrichment Foundation
Shoe Shopping Application

PLEASE PRINT LEGIBLY. Complete ALL sections. Incomplete applications will not be considered. Students must meet eligibility requirements. **Eligible students may participate in no more than ONE shoe shopping day per school year, if funding is available.** Please fax completed application to EEF at 325-8579, on or before due date announced. For questions, call EEF at 325-8688.

Student's Name: _____ (Last) _____ (First)

Home Telephone Number: _____ Date of Birth: _____ Male Female

Student's primary racial/ethnic identity: Native American Black/African American Native Hawaiian/Pacific Islander Asian White
 Hispanic/Latino Multiracial

School Name: _____ Grade: _____

Student qualifies for (check one) FREE or REDUCED meal assistance.

Shoe Size (if known): _____ Preferred Shoe Color: _____

Describe any special circumstances EEF should consider when reviewing this application:

Parent/Guardian Name (Printed): _____ Signature: _____ Date: _____

TUSD VERIFICATION: TO BE COMPLETED BY SCHOOL SITE REPRESENTATIVE (e.g. Principal, Assistant Principal, Community Representative, Learning Support Coordinator, Social Worker, Family Liaison, Nurse, Health Assistant, Counselor, Student Success Specialist, Office Manager, etc.).
Return completed application to: EEF, 3809 E Third St., Tucson, AZ 85716, 520-325-8688 (phone), 520-325-8579 (fax), info@eefucson.org, www.eefucson.org

Has the parent/guardian signed a photo release for this student? Yes No Unsure

Has student participated in an EEF Shoe Shopping Day already this school year? Yes No If yes, when (month/year)? _____

Preferred Shoe Shopping Date: _____
EEF reserves the right to assign a date other than the date requested.

Preferred Shoe Shopping Time Slot (**REQUIRED**): Select a first and second choice by writing #1 for your first choice and #2 for your second choice. The time slot indicates the hour during which you will arrive at Payless with students. Your group may stay at Payless as long as necessary.

9am – 10am _____ 10am – 11am _____ 11am – Noon _____
EEF reserves the right to assign a time slot other than the time slot requested.

Describe any special circumstances EEF should consider when reviewing this application:

TUSD employee authorizing this application:

Print Name: _____ Title: _____

Signature: _____ Date: _____

School Phone Number: _____ Email Address: _____

TUSD employee assigned to accompany student to Payless ShoeSource (REQUIRED):
Transporting TUSD students to activities off school campus must comply with applicable TUSD policies.

Print Name: _____ Title: _____

Cell Number (for day of Shoe Shopping): _____ Email Address: _____

