



**Educational Enrichment Foundation
TUSD Educator Request Form**

PLEASE TYPE OR PRINT LEGIBLY. Complete **ALL** sections, leaving no blanks. Incomplete applications will not be considered. Requests must be made by TUSD Staff. Requests will be considered if funding/resources are available. Additional information is available online at <http://eefucson.org/>.

Requestor (TUSD Employee) Name: _____ School/Site: _____

Phone Number: _____ Email Address: _____

School Principal (or Supervisor): _____ Principal Email: _____

Please categorize this request: Basic Need Support Educational Support

What is being requested? Please provide a brief explanation below.

How many students will benefit from this request? _____ Funding needed by: _____

Have you requested/received funding from other organizations for this need? Please explain: _____

How will the above request support the basic needs of the student or enrich their learning experience?

Describe any special circumstances EEF should know about when considering your application:

TO BE COMPLETED BY TUSD SCHOOL SITE REPRESENTATIVE MAKING THE REFERRAL:

TUSD Staff please return the complete application to: programs@eefucson.org or 520-325-8688 (Fax)

Print Name: _____ Title: _____ Phone: _____

Email: _____ Signature: _____ Date: _____