



**School Year 2019-2020
Educational Enrichment Foundation
Basic Needs Request
Application for TUSD Students**

PLEASE TYPE OR PRINT LEGIBLY. Complete ALL sections, leaving no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. TUSD students may receive EEF fee assistance for up to two times per school year, if funding/resources are available. Additional information is available at online at <http://eefucson.org/>.

Student's Full Name: _____

Home Address: _____ Zip: _____

Primary Phone Number: _____ Student's Cell Parent's Cell Home (Landline) Other: _____

Alternate Phone Number: _____ Student's Cell Parent's Cell Home (Landline) Other: _____

Email Address: _____ Student's Email Parent's Email Other: _____

Gender: Male Female Date of Birth: _____ Grade: _____ TUSD School: _____

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

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

Describe why the student needs assistance from EEF?

How many people reside in your home (including yourself, parents, step-parents, grandparents, brothers, sisters and ALL others)? _____

What is the total gross (pre-tax) **ANNUAL** family/household income for all those residing in your home? Please include **INCOME FROM ALL SOURCES** including part-time and full-time salaries, Social Security, unemployment, TANF/AFDC, food stamps/SNAP, DES cash assistance, pensions/retirement, commissions, tips, child support, alimony, etc. Verification of income may be required.

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

PARENT/GUARDIAN ACKNOWLEDGEMENT: I certify that the information provided on this application is true and correct to the best of my knowledge and that my child is currently enrolled in a TUSD school.

Parent's/Guardian's Name (PRINT): _____ Signature: _____ Date: _____

VOLUNTARY STUDENT DISCLOSURE FOR HIGH SCHOOL STUDENTS: The following information will NOT be used to determine your eligibility for EEF Interscholastic Participation Fee Assistance. All information collected is strictly confidential. Thank you for your participation. Please check all that apply:

- I live in a single parent home. I moved to Tucson within the last 12 months. I have a serious medical condition.
- My grandparent(s) is (are) my guardian(s). I am a refugee. One or both of my parents/guardians is/are disabled.
- I currently live in foster care or in a group home. One or both of my parents/guardians was/were laid-off in the last 12 months. One or both of my parents is/are deceased.
- I am homeless / McKinney-Vento / "Youth-On-Their-Own". I work part-time to help support my household. I have a parent who is incarcerated.

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

Return the complete application to: EEF, 5409 E. Broadway Blvd. St. #107., Tucson, AZ 85711, 520-325-8688 Phone 520-325-8579 Fax info@eefucson.org or <http://eefucson.org/>

Print Name: _____ Title: _____ Signature: _____

Email _____ Phone: _____ Date: _____