



## Educational Enrichment Foundation Application for Head-to-Toe Student Support

**PLEASE TYPE OR PRINT LEGIBLY.** Complete **ALL** sections, leaving no blanks. Incomplete applications will not be considered. Students must meet eligibility requirements. TUSD students will be considered for assistance if funding/resources are available. Additional information is available online at <http://eefucson.org/>.

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender Identity:  Male  Female  \_\_\_\_\_

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

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Free/Reduced Meals:  Student qualifies for FREE Meals  Student qualifies for REDUCED Meals  
 Student does NOT qualify  UNSURE if student qualifies

How many people reside in your home (including student, parents, stepparents, 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:

What is being requested? Please be as detailed as possible. If requesting clothing, provide sizes and specifics. You may also attach supporting documents. *Please specify if it is needed by a certain date.*

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

**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: \_\_\_\_\_

**TO BE COMPLETED BY TUSD SCHOOL SITE REPRESENTATIVE MAKING THE REFERRAL:**  
TUSD Staff please return the complete application to: [programs@eefucson.org](mailto:programs@eefucson.org) or 520-325-8579 (Fax)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_