

Individual Student / Family Grant Request

Person submitting request: _____ E-mail: _____

Position: _____ Telephone: _____

Benefiting Individual / Family: _____

Address: _____

Email: _____ Telephone: _____

Amount of funds requested: _____ Date Needed: _____

Describe how funds will impact the student's quality of life, including academics, social/emotional, inclusion, etc. Is the request consistent with the Foundation mission? Is the benefit to the student/family significant, long-term, crisis aversion? Please explain.

Are other sources of funding available? What other sources of funding have been explored?

Signature _____

Date: _____

Submit completed application to:

truenorth804foundation@gmail.com or mail to P.O. Box 2575, Northbrook IL 60065-2575