

SARA KERR FUND APPLICATION

Sponsored by DSSWA

Date of Request _____

Requesting Member _____

Office Day _____

Contact Number _____

Supervisor _____

Child's Name _____

Parent/Guardian _____

Address _____

Phone _____

School _____

Grade _____

Age _____

Amount Requested _____ *(No more than \$50.00)*

Explanation of Need _____

Are any other agencies involved in this case? Yes _____ No _____

If yes, please explain _____

Other attempted resources _____

Other significant data _____

Pay to the Order of *(not client)* _____

Mailing Address _____

Submit requests to: Phyllis White, Room 140