



STUDENT EMERGENCY REQUEST

Fax to the Hendricks County Community Foundation
at (317) 718-1033

5055 E. Main St., Suite A, Avon, IN 46123

Phone: (317) 718-1200

www.hendrickscountycf.org



Date _____ School _____

Name of school contact & title _____

Phone _____ EXT. _____ E-mail _____

Student name _____

Does student qualify for Free/Reduced Lunch Program? Yes No

If answer is no, please explain financial need below.

Reason for request (circle all that apply):

Note: requests for rent & utilities will NOT be considered.

Eyecare Dental Medical Medicine Hearing aid

School supplies Clothing Other: _____

Further explanation regarding request:

Amount requested _____

Recommended Vendor _____

Vendor Address _____

Office use only:

Grant approved by _____ Date approved _____

Grant denied by _____ Date denied _____

Date request funded _____ Check # and amount _____