

**Student Assistance Fund- SAF
Application 2016-2017**

Today's Date _____ Graduating Class (circle one) **2017** 2018 2019 2020

Student _____ ID # _____
(Print Name)

Student Cell Phone _____

Parent/Guardian _____
(Print Name)

Address _____ city _____ zip _____

Phone: Home _____ Work _____ Cell _____

Is East High your home school? YES NO My home school is _____

Has the Student Assistance Fund helped you before? _____ # of Years _____

Are you taking an ADVANCED PLACEMENT or College Level class? YES NO (circle one)

Do you qualify for the Free & Reduced Lunch program? YES NO (circle one)

The Student Assistance Fund staff will be checking student's attendance.
Attendance is an indication of desire for success. The goal of the program is to
provide resources for students to be academically successful at East High
School. **Success requires attendance.**

The Student Assistance Fund is a program funded and administered by the East Angel Alumni & Friends Foundation, a non-profit organization supporting educational excellence at East High School. It is administered by volunteers. Participants understand that this is not a DPS or East High School program. Participation in this program is by CHOICE! Students who qualify for federal support programs should contact the East High School Social Worker.

Student Signature

Date

Parent/Guardian Signature

Date