



# S.N.E.A.P.

(Special Needs Education Assistance Program)

## Application Form

Date: Aug. 12th, 2019

Request # ( for Office use Only): \_\_\_\_\_ Application Date: \_\_\_\_\_

Annual Request # (for Office use Only): \_\_\_\_\_

Address of Person making Request: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: Name Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Phone #: \_\_\_\_\_ Extension #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Who is this request for (Circle one): Group/club Parent Student Special Needs Adult

If for a Group/club:

Name of Group/club:

Name: \_\_\_\_\_

If for a Parent:

Name of Parent:

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Is the Parent in your Group/Club? Yes No

If for a Student:

Name of Student:

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Is the Student in your Group/Club? Yes No

If for a Special Needs Adult:

Name of Special Needs Adult:

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Is the Special Needs Adult in your Group/Club? Yes No

**Will this be an Annual Request:** Yes No

( An Annual request will mean that you would like this request repeated again, and you are welcome contact again at the beginning of the new year.)

Type of Request: (Be Specific)

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How much money do you need to raise to get your Request: \_\_\_\_\_

Amount of Requested from S.N.E.A.P. (Dollar Value): \_\_\_\_\_

If request is an item, would you like us to purchase the item? Yes No

Who else have you contacted about your request:

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How much have they Donated( Total for All): \_\_\_\_\_

S.N.E.A.P.

- Funds are available on a First Come First Serve basis.

**- Incomplete Requests will NOT be considered for Funding!!**

I swear that all of the above information is True.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

( Person making the Request)

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

( Signature of SKD, Inc. Director)

Please mail, or E-Mail to: Special Needs Education Assistance program  
% Tom Leuck  
5210 186<sup>th</sup> St.  
Chippewa Falls, WI 54729  
Ph # (715) 861-5542  
E-Mail: [tom@sksinc.org](mailto:tom@sksinc.org)

Forms may also be obtained or filled out on our Web Site: [www.specialkidsdayinc.org](http://www.specialkidsdayinc.org)

Go to: Special Needs Education Assistance Program

Click on Application