



S.N.E.A.P.

(Special Needs Education Assistance Program)

Application Form

Date: Nov. 30th, 2013

Request # (for Office use Only): _____ Application Date: _____

Annual Request # (for Office use Only): _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Teacher: Name Last: _____ First: _____ M.I.: _____

School Phone #: _____ Extension #: _____

Cell #: _____

Who is this request for (Circle one): Teacher My Class Student

If a Student:

Name of Student:

Name Last: _____ First: _____ M.I.: _____

Is the student in your class? Yes No

If not whose Class? _____

Teacher: Name Last: _____ First: _____ M.I.: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

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)

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:

How much have they Donated(Total for All): _____

S.N.E.A.P.

- Funds are available on a First Come First Serve basis.
- Funds are available, only after all other resources have been exhausted.
- All Requests are assigned a Request Number.
- All Annual Requests are assigned an Annual Request Number.
- (For Annual Requests Only): Once you are granted funding, your request will be repeated if funds are available in the order of the Annual Request Numbers.
Example: Annual Request 1 is filled, then Annual Request 2, Etc.
- You will receive a copy of your Annual Request Papers (For your Records) when your Request has been filled.
- **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 186th St.
Chippewa Falls, WI 54729
Ph # (715) 720-1870
E-Mail: tom@sksinctl.org

Forms may also be obtained or filled out on our Web Site: www.specialkidsdayinc.org

Go to: Special Needs Education Assistance Program

Click on Application