

M.T.E.A. PHILANTHROPIC FUND

APPLICATION FOR FINANCIAL AID



Date:

<i>Name of pupil</i>
<i>Address</i>
<i>Name of parent</i>
<i>Address</i>
<i>Number of children of school age in the family</i>
<i>Name of School</i>
<i>Name of teacher or nurse recommending aid</i>
<i>For what purpose</i>
<i>Eligible for free lunch</i>
<i>Amount to be spent on this case</i>
<i>Name of Doctor</i>
<i>School Nurse</i>
<i>Approved by:</i> _____ <i>Date</i> _____ <i>Linda McLaughlin, President</i>