Instructional Funds Request

(For ES use to request funding for a high school student when IF deposited will not cover necessary expenses for the semester)

ESes: Please complete then forward to your advisor for review. Advisor once approved, fax or mail to school office for Executive Director's approval.

ES No: ES_____ ES Name: _____ ES Advisor: _____

Student No: _____ Student Name: _____ Grade: _____

Parent No: P_____ Parent Name: _____ Date: _____

Student Enrollment Date: _____ IF deposited: _____ Current IF balance: _____

Total amount requested: **$_____**

Please detail what original funds have been used for:

_____

_____

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Reason for Request: (Include specific data - what funds requested will be spent on, the specific need(s) of the student for this semester, consequence for student if item not provided, etc. Funds may be requested only for core courses a high school student needs for graduation - and other funding must not have been spent on other types of items for this student)

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All three of these must be attempted prior to an Advisor approval:

_____ I attempted to locate the item at the Learning centers
_____ I networked with my ES Group, and no items were available
_____ I attempted to do a funds transfer to be able to purchase these items, but no family would approve.

Advisor Recommendation (Circle): Approved Denied

ES Advisor Signature: _____ Date:_____

Office Use (circle): Approved Denied

Executive Director's Signature: _____ Date:_____