



HSF Disaster Relief Application

Fill in Sections 1, 2, 3 completely and legibly to expedite your grant

Email as an attachment to: _____

Ambassador Use Only:

State: _____ Ambassador: _____ App Start Date: _____

Email: _____ Phone: (cell preferred) _____

How do you know this family? _____ Proposed Amount of Assistance: \$ _____

I verify that the below-named family is eligible for emergency assistance from the Emergency Response Fund or the State Ambassador Fund (SAF).

Signature of Authorized Ambassador

Date

1. RECIPIENT FAMILY INFORMATION

HSF Use: RE # _____

First & last names of parents: _____

Email (required): _____ Phone (cell preferred): _____

Address: Street, City, State, Zip _____

Children in home: ___ #Children being homeschooled & their ages: _____

Homeschooling for ___ yr. ___ mos. **Required: Committed to continue for 1 year?** YES NO

2. FUNDING REQUEST

Specific needs for which you are requesting funding (for example, clothing, diapers, curriculum, emergency expenses, essential household items that will enable you to continue homeschooling). Include estimated costs. You will be required to submit copies of your receipts for these items to HSF.

Curriculum: \$ _____ Other Needs: \$ _____ Total Funding Request: \$ _____

3. PRIOR FUNDING - MEDIA PERMISSION QUESTIONS – SIGNATURE

Member of HSLDA? (not necessary to receive assistance) YES NO

Received assistance from HSF funds? YES NO If so, when? _____

Received assistance from the Ambassador Program? YES NO If so, when? _____

Permission to use photos and comments in media? YES YES, ANONYMOUSLY NO

We attest that this information is accurate and true.

Recipient parents' signature

Date

HSF Office Use:

Grant Amount: \$ _____ Approved: _____

HSF Executive Director

Date