



2018-19 FUNDS REQUEST

Please email a pdf file to application@SKJAJAfund.org
(Free scanner app: CamScanner)

Incomplete applications will be returned

Student first name _____ Date _____
 Student last name _____
 School _____ Age _____ Grade _____
 Home Address _____
 City _____ State _____ Zip _____
 Family Contact _____ Self Parent Other
 Phone _____ I prefer Email Phone Text
 Email _____
 Agency/Person requesting funds (if applicable) _____
 How did you hear about SKJAJA? _____

Answers below have no bearing on funding

Previous SKJAJA recipient? Yes No

Free/Reduced Lunch? Yes No

Gender Identity Girl Boy Other

Race (check all that apply):

African-American Asian Latino

Native American White Other

Blue Ribbon Mentor? Yes No

Family Success Alliance (FSA)? Yes No

Refugee Community Partnership? Yes No

UNC Horizons Yes No

Enrichment activity _____

Start date _____ End date _____ How often/week _____ Have you participated in this activity before? Yes No

Total cost of activity? \$ _____ Amount requested from SKJAJA? \$ _____

Are you receiving funds from others (i.e.: family, PSF, Blue Ribbon, PTA, school fundraising, other organizations, etc.) Yes No

If yes, please describe _____

How will the money be used? Tuition/enrollment fees Equipment/instrument rental Uniform/required clothing

Other (please explain) _____

How will the student be transported to and from activity? Bus Car Provider Other _____

How will this grant help the student? _____

SKJAJA was inspired by a "pay it forward" project so recipients are required to repay their gift with community service.

I agree to repay the gift by paying it forward. I will do the following: _____

Have you done this project before? Yes No I will complete my "pay it forward" project by (date): _____

All scholarship recipients need to complete three short, confidential surveys over the next year. These surveys will only be used to help SKJAJA grow. By signing below you agree to "pay it forward" and complete the surveys:

Student signature _____ Date _____

I give SKJAJA Fund permission to use my child's story or photos for marketing/social media purposes: Yes No

Parent/guardian signature _____ Date _____

I have reviewed the SKJAJA funding and "pay it forward" requirements with this family:

Social Worker signature _____ Date _____