



# 2019-20 FUNDS REQUEST

Please email a pdf file to [application@SKJAJAfund.org](mailto: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 \_\_\_\_\_