

Date of Application: \_\_\_\_\_

# **Tiger Foundation Assistance Application**

(All information provided is CONFIDENTIAL and only used for this purpose)

| <b>Student Information</b>                 | <b>Parent/Guardian Information</b> |
|--|------------------------------------|
| Name:                                      | Name:                              |
| Grade:                                     | Street Address:                    |
| Date of Birth:                             | City/State/Zip:                    |
| Student's School:           __ ALHS (8-12) | Phone Number:                      |
| __ ALC (9-12)            __ SWMS (6-7)     | E-mail:                            |
| __ Halverson (K-5)      __ Hawthorne (K-5) |                                    |
| __ Lakeview (K-5)      __ Sibley (K-5)     |                                    |

## **Proposal / Request**

Name of the Activity: \_\_\_\_\_ Cost of the Activity: \_\_\_\_\_

Contact Information for the Activity: \_\_\_\_\_

*(include the name of the organization/business and the address to send payment)*

Is your family able to pay part of the cost (if yes, how much)? \_\_\_\_\_

**Why do you (the student) want to participate in the activity, and what do you hope to gain from participating?**

The committee will review and get back to you within 7 (seven) working days.