

REQUEST FORM

Select ONE per form

Birthday Gift Mini Scholarship Graduation Assistance

*Requests are reviewed once a month on the third Thursday of the month.
 Please submit your request with this timeline in mind.

PLEASE PRINT CLEARLY – FORMS MUST BE FILLED OUT COMPLETELY

MEMBER NAME:	
ADDRESS:	
CITY:	COUNTY: <input type="checkbox"/> MARION <input type="checkbox"/> POLK
EMAIL:	PHONE:
CERTIFIER'S NAME:	
CHILD'S NAME AND LAST INITIAL:	
AGE:	
GENDER:	
CHILD IS: <input type="checkbox"/> FOSTER <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> ADOPTED	
CASEWORKER'S NAME:	
BIRTHDAY GIFT	
BIRTHDATE:	
GIFT NEEDED BY:	
MINI SCHOLARSHIP*	
REASON REQUESTED:	
AMOUNT REQUESTED:	
PAY TO:	
GRADUATION ASSISTANCE*	
AMOUNT REQUESTED:	
PAY TO:	

*When requesting mini-scholarships or graduation assistance; monies will not be sent directly to the foster family but will either be paid to the entity or a receipt must be provided to the association for reimbursement to the family.

Please note: All gifts are provided on a first come first served basis as supplies/funds allow and are available to our paid members only.

Please email the completed form to mpfpapresident@gmail.com or mail the completed form to: **Marion Polk Foster Parent Association P.O. Box 13875 Salem, OR 97309**

BOARD USE: REQUEST IS: APPROVED DENIED
 DATE: _____ INITIAL: _____