



**SPECIAL EDUCATION DISTRICT
OF MCHENRY COUNTY**

**APPLICATION FOR
MCHENRY COUNTY STUDENT ASSISTANCE FUNDS**

Date of Request

Student Name: _____

Home District: _____

Attending School: _____

Person Making Request: _____

Phone Number: _____

Description of project or item:

Indicate special needs of student(s):

Please describe why the items being requested would not typically be paid for or funded by the school district?

Description of how funds will be used:

Has parent been contacted? No Yes – Date: _____

Parent's response:

