

Center for Re-Creation And Family Training (C. R. A. F. T.)

*P.O. Box 231 Hopkins Park, IL 60944
Phone (708) 503-4054
Fax (708) 503-4076*

**STUDENT ASSISTANCE FUND
REQUEST FORM**

Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone # (_____) _____ **Birthdate** _____

School Address _____

City _____ **State** _____ **Zip** _____

Phone # (_____) _____ **e-mail address** _____

School _____ **Major** _____

Year in School ___ **Senior** ___ **Junior** ___ **Sophomore** ___ **Freshman**
___ **Fall** ___ **Spring** 20 ___

Request: (Please check one.)

_____ **Funds for textbooks**

_____ **Funds for tuition**

If funds are needed for tuition, please give the amount that you are requesting. _____

Date funds are needed _____