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

P.O. Box 331 Hopkins Park, IL 60944
Phone (708) 933-6034
Fax (708) 933-6076

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 _____