

Rose Again Foundation

Financial Aid Application

Do not pay for a need expecting reimbursement until notice of application approval

Print clearly:

Foster or Emancipated Name _____ DOB ____/____/____
 For Grant Reporting Purposes: Applicant Race _____ Ethnicity _____
 Address _____ City _____ Zip _____
 Foster Parent/Guardian Name _____ Cell (____) ____-____
 Email _____ Placement Agency _____

Mark the category that best describes the purpose for financial assistance:

- ____ Tutoring
- ____ Special Needs
- ____ Food / Clothing
- ____ Electronics
- ____ Academic / Scholarship

The amount of assistance given, if any, is based in part on current applications, financial need and available funds

In the case of limited funding, or to better meet applicant's need RAF may refer you to one of our partner organizations

____ Other

Comments / Explanation _____

Is this an emergency need? Yes ____ **No** ____ If no, please allow up to 3 weeks for processing
 Total cost of need \$ _____ Amount of assistance requested \$ _____ Date fee is due _____
 Is this a one time fee? ____ If no, explain _____

For a continual payment request, list start date _____ and end date _____

Applicant must re-apply every 3 months. Allow 3 weeks for new application processing

To what organization / service provider will the funds be paid? (If unknown, provide asap)

Organization Name _____ Phone _____
 Address _____ City _____ Zip _____
 Contact Name _____ Contact Email _____

Have you applied for, or are you receiving aid for this same purpose from elsewhere? ____

If yes, Source Name _____ Phone (____) ____-____

Print Contact Name _____ Email _____

*** Documentation of foster placement, adoption or emancipation required with application**

X _____ X _____
 Foster Parent / Guardian or Emancipated Foster Youth Signature Date

RAF OFFICE USE ONLY: Date Rec'd _____ Date Reviewed _____ By _____

Verification of foster placement / foster adoption or foster emancipation provided? Yes ____

Amt approved \$ _____ Date applicant notified _____ by email _____ phone _____ in person ____

Receipt in file ____ Date paid _____ Amount paid \$ _____ Ck# _____ or C/C _____

Notes: _____

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