

## By empowering our educators with the ability to make a small difference in the lives of their students, this funding is the starting point to provide equitable access to everyday resources that so many students in our school district go without. Once you have completed this form, email it to Katie LaPira, REFI Executive Director at, klapira@rockingham.k12.va.us

## First and Last Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Using the space below, please include the following information for each student:

* Describe your student's need that could be helped with a YES Card
* Amount requested (up to $100)
* Household information (to verify County residency) Full Address & Contact information
* Number of children in the household
* Age/Grade of Student
* How COVID-19 has created a need for financial assistance?
* On a scale of 1-5, how immediate is the need for this student (1 being the least, and 5 being the greatest)