



Interschool mail – WSF / LAC

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Wausau School Foundation

JOHN A. WALDRON STUDENT ASSISTANCE FUND Request Form

Established December 2006

Student Name _____ **School Yr** _____

(Attach separate sheet if requested for multiple students)

Need (Brief Description) _____

School _____

Amount Requested _____ **When Needed** _____

Check payable to: _____

Address: _____

CSZ: _____

- We agree to use funds granted for the purpose approved by the Wausau School Foundation. Any unused portion of the grant will be returned to the WSF.
- Information concerning student name provided in this grant request will be **confidential** and not used for public information purposes.
- The Wausau School District does not discriminate against individuals on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion or disability.

_____ **WSD Staff Requesting Fund (Print)** _____ **WSD Staff Position**

_____ **Ext** _____

Phone _____ **Email** _____

_____ **WSD Staff (Signature)** _____ **Date**

Full Approval Partial Approval _____ Denied

_____ **Wausau School Foundation** _____ **Date**

Check # _____ **Attach Receipt when applicable** _____ 03.2019