



**Wausau School Foundation
John A. Waldron Student Assistance Fund
Request Form**

Student Name: _____

Grade: _____ School: _____

Please Describe Need: _____

Amount Requested: _____ Needed by: _____

Make check payable to: _____

Send to (Address): _____

- We agree to use the funds provided for the purpose approved by WSF. Any unused portion will be returned to WSF. When applicable, we will provide a receipt for the foundation's files.
- Information provided regarding the student(s) in this request will remain confidential and not disseminated for public information use in any way.
- WSF does not discriminate nor makes decisions based on sex or sexual orientation, race, national origin, ancestry, religion, creed, pregnancy, marital or parental status, physical, mental, emotional or learning disabilities.

WSD Staff Making Request: _____ WSD Position: _____

Phone Extension: _____ Email: _____

Signature: _____ Date: _____

Whenever possible, please submit an electronic form via the website. These are automatically emailed to the foundation office. Hard-copies are acceptable, but may take longer in interoffice mail.

Please contact Debi Traeder, Executive Director with any questions or immediate need.
wsdfound@wausauschools.org or 715-261-0510 (Ext. 21510).

Office Use Only:

Full Approval Partial Approval Denied

Notes: _____

Check # _____

Attach Receipt