

## STUDENT FOOD SERVICE DEBT RELIEF – ANGEL FUND REQUEST FORM

### Purpose:

This form is used to request funding to families in need of help to pay down outstanding student food service (cafeteria) debt. Assistance is based on need circumstances, available donations or allocated relief funds. IF you have not filled out the free and reduced student lunch paperwork you may be asked to complete that as well.

### SECTION 1 – APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_

**Relationship to Student:** ☐ Parent/Guardian ☐ School Staff ☐ Other: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### SECTION 2 – STUDENT INFORMATION

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Student ID (if known):** \_\_\_\_\_

### SECTION 3 – DEBT DETAILS

**Current Outstanding Food Service Debt:** \$\_\_\_\_\_

**Requested Relief Amount (can be partial or full):** \$\_\_\_\_\_

☐ I authorize the school to verify this amount with the food service department.

### SECTION 4 – OPTIONAL HARDSHIP STATEMENT

**If you would like to explain your financial situation or reason for requesting support, please briefly describe below (this section is optional):**

## SECTION 5 – SIGNATURE & AUTHORIZATION

By signing below, I confirm that the information provided is accurate and that the requested funds will be used solely to reduce student cafeteria debt.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this form to:

Howards Grove School Attention: Angel Fund

405 Audubon Rd.

Howards Grove, WI 53083