



STUDENT SPECIAL ASSISTANCE **FUND APPLICATION**

2020-2021 SCHOOL YEAR

For full consideration, please complete the entire form and submit with required attachments. Incomplete application packages will not be reviewed.

Application Date **Student School Enrollment Date**

Student I.D.# **School Uniform Required?** YES
NO

Assistance Needed? (Select only one).
School Uniform
Eyeglasses
Hearing Aid
12th Grade Senior Fees
8th Graduation Fees
FIRE/DISASTER VICTIM (Attach supporting documentation)

Check here if you are currently receiving assistance from CPS. YES
NO **List services provided by CPS.**

Name of School:

School Phone Number:

School Grade :

Graduation Date:

Applicant Status: (For fire victims, please attach supporting document).
New Applicant
2nd Year Applicant
FIRE/DISASTER VICTIM (Attach supporting documentation)
Temporary-Living (Homeless)

STUDENT INFORMATION

NOTE: Maximum SSAF assistance is up to (2) consecutive years. Student is automatically ineligible after two consecutive years of funding.

Last Name:

First Name:

Date of Birth:

Age:

Street Address:

Chicago

IL

Zip Code:

E-mail Address:

Phone Number:



PARENT/GUARDIAN INFORMATION

Please provide all sources of income. Parent/legal guardian must show current proof of income for full consideration.

Last Name:

First Name:

Same Residence of
Student applicant?

Yes

No

Address: (*if
different
from
student
applicant*):

of Adults in
Household

of Children in Household

Source of Income
(*Select all that apply*)

Child Support

Public Assistance (Aid)

Employed

Other

Total Monthly Income

Name of Employer:

Employer Address:

City:

State:

Zip Code:

Are you receiving
other financial
assistance:

IMPORTANT! Two school official signatures are required for this form, the school delegate and school principal. For schools that do not have a designated delegate, the required signatories are the principal and either the school nurse (CTU member only) or the designated school clinician.

Delegate Last Name:

First Name :

Delegate Signature:

E-mail

Principal Last Name
(Required signature):

First Name:

Principal Signature:

**School Counselor/
Social Worker Name**
*(Approved Alternative
Signatory)*

**Counselor
Signature:**

School Nurse
*(Approved Alternative
Signatory)* (Include
phone number) :

**Nurse
Signature:**

Please mail completed application to:

Institutional Advancement, Development Department
Chicago Teachers Union Foundation (CTUF)
1901 W. Carroll Ave
Chicago, IL 60612
Office: (312) 429-2100

Required Attachments: Proof of Income (SSI, Public Aid, and/or Copy of Check Stub)
Letter from School Official (on school letterhead)

Electronic Submission: Please sign, scan and e-mail completed application along with required documents to: carmencuret@ctuf.org. **Please write SSAF and the Student's Name in e-mail subject line.**

Please do not drop off SSAF applications at the Chicago Teacher Union Foundation office/ reception desk. All applications must be submitted through postal mail service or by e-mail. To expedite your application submission, e-mail your application package.

Eligibility Requirements: Applicant must be residing in low-income household. The household income must be below the federal poverty line. Click here for [Federal Poverty Guidelines](#).