



# **STUDENT SPECIAL ASSISTANCE** **FUND APPLICATION**

**2022-2023 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 SSF 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:**

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**Please mail completed application to:**

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](mailto: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](#).