



All information provided on this form is confidential and will only be seen by the Grant Committee of Edina Give and Go. The following information is required (*unless noted*) to be considered by Edina Give and Go. **Only complete forms will be considered.** Return to: info@edinagiveandgo.org or 5701 Normandale Rd, Room 323, Edina, MN 55424

Student Information				
Student Name:		Parent/Guardian Name:		
Address:		City:	State:	Zip Code:
School:		Grade:	Referral Made By:	
Phone:		Contact Email:		
Need/Request Information				
Need Request: <input type="checkbox"/> Monetary <input type="checkbox"/> Tangible Gift		What is the request for (<i>check one</i>): <input type="checkbox"/> Academics <input type="checkbox"/> Athletics <input type="checkbox"/> Arts		Date needed:
Tell us about Program/Activity/Request – include dates, details, program objectives, etc.				
Budget				
Total Cost of Need:		Requested Amount from Edina Give and Go:		Family Commitment: <i>Minimum 10% of total need required family contribution</i>
Has your family received support from Edina Give and Go in the past school year? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered yes, please indicate what your family received? <i>\$500 maximum per student per school year</i>		
Additional Funding Sources (include amount from each funding source):			Name and address to where check may be sent:	
Family Income				
Household Size	Federal Poverty Guidelines	Annual Income	Monthly Income	Edina Give and Go's mission is to help students who have an economic disadvantage. By initialing in the space below, you are declaring your family's economic disadvantage status as defined by the Annual or Monthly gross income levels to the left. (<i>These guidelines are obtained by multiplying the year 2017-18 federal income poverty guidelines by 2.0</i>)
1.....	.....\$12,060.....	.....\$24,120.....	.....\$2,010.....	
2.....	.....\$16,240.....	.....\$32,460.....	.....\$2,707.....	
3.....	.....\$20,240.....	.....\$40,480.....	.....\$3,373.....	
4.....	.....\$24,600.....	.....\$49,200.....	.....\$4,100.....	
5.....	.....\$28,780.....	.....\$57,560.....	.....\$4,797.....	
Each additional member add	.....\$4,180.....	.....\$8,360.....	.....\$697.....	Initial Here: _____
Targeted Outcomes				
How will this affect the student's future?			Would you be willing to complete a short survey within six months of disbursed request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Release and Consent Form (<i>not required</i>)				
By signing below, I _____, give Edina Give and Go permission to share this story on its website and/or social media. I understand that Edina Give and Go will not disclose true identities of the student and no real names will be published.				
<input type="checkbox"/> By checking this box, I am allowing Edina Give and Go to use photos (no names) of my student on its website and/or social media.				
Signature (required)				
Signature of Parent or Guardian: <i>If using as an electronic document, a typed name constitutes a signature</i>				Date: