



1530 Shumate Drive, Bartow, FL 33830  
Ph- 863.534.0519 Fax- 863.519.3791

## \$100 School Uniform Grant Request Form for Grades K- 8<sup>th</sup>

School: \_\_\_\_\_ Principal: \_\_\_\_\_

School Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person for use of these funds: \_\_\_\_\_

How many underprivileged students will this grant serve? \_\_\_\_\_

Reason for need (check all that apply):  
(this will help when soliciting  
donor funds)

- \_\_\_\_\_ Student on free/reduced lunch
- \_\_\_\_\_ Student has family/home  
issues preventing purchase
- \_\_\_\_\_ Student is homeless
- \_\_\_\_\_ Student only has one uniform and  
is often dirty
- \_\_\_\_\_ Other? please explain \_\_\_\_\_

**\*\*\$100 WILL BE SENT IN CHECK FORM PAYABLE TO SCHOOL.  
PLEASE CHOOSE BELOW HOW MONEY WILL BE SPENT.\*\***

Check: \_\_\_\_\_ Uniforms will be purchased from the school  
\_\_\_\_\_ A school staff member will purchase uniforms from store  
and give directly to student / family

**\*\*No \$\$ to be distributed to parent/guardian. ALL transactions must be dealt with  
by the participating school.\*\***

I agree to the terms of this request.

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please fax to the PEF Office 863.519.3791. One request per school. The school  
contact person listed above will receive an email of information once your faxed  
request has been reviewed.**

**Requests only processed August-March each school year.**

OFFICE USE ONLY	Approved: _____
	Check Sent: _____