



Redwood Empire Foster Parent Association

SPECIAL NEEDS APPLICATION

CHILD'S NAME: _____

AGE: _____ SCHOOL: _____

PLACEMENT STATUS: (ie; EFH/concurrent/group/relative, etc.):

DESCRIBE REASON FOR REQUEST: _____

AMOUNT REQUESTED: \$ _____
PERSON REQUESTING FUNDS: _____ PHONE NUMBER: _____
RELATIONSHIP TO CHILD: _____

IF FOR SCHOOL FUNCTION/SPORT ARE SCHOLARSHIPS AVAILABLE THROUGH TEAM/
SCHOOL? Yes: _____ No: _____

Payee must be 18 or older.If receipts are not provided, funds will be paid to service provider.
Please include the name and address of payee.

Check payable to:

NAME: _____
ADDRESS: _____

SONOMA COUNTY SOCIAL WORKER:

Name: _____ Phone: _____ Email: _____

IF FFA; AGENCY SOCIAL WORKER

Name: _____ Phone: _____ Email: _____

DATE SUBMITTED: _____

Requests may be submitted through Social Worker or to REFPA directly.
Email completed application to scholarship.refpa21@gmail.com or mail to REFPA, P.O. Box 1084,
Santa Rosa, CA 95402.

All requests will be considered by REFPA on the first Monday of every month.

REFPA Use Only: APPROVED _____ AMOUNT _____ DATE _____