



SPECIAL NEEDS APPLICATION

Child's Name: _____

Age: _____

School: _____

Placement Status: (i.e. EFH/concurrent/group/relative, etc.): _____

Describe reason for request: _____

Amount requested: \$ _____

Person requesting funds: _____

Phone number: _____ Email: _____

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 the service provider. Please include the name and address of the payee.

Make check payable to: _____

Address: _____

Sonoma County Social Worker _____ Phone: _____ Email: _____

If FFA, Social Worker _____ 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 the REFPA Board on the first Monday of every month.