



LYR/WELLNESS REQUEST FOR FUNDS 2012

LYR Staff will review these requests on a weekly basis and you will be notified in a timely manner. We must have requests at least two weeks prior to event.

School/ Activity: _____

Client Name: _____ Age: _____ DOB: _____

Lummi Enrollment#: _____ Address: _____

YOU MUST HAVE PROPER BACK UP DOCUMENTATION INCLUDED WITH YOUR REQUEST. REIMBURSEMENTS WILL ONLY BE DONE WITH ORIGINAL RECIEPTS.

Athletic Fees: Amount:\$ _____ **To:** _____

Equipment Fee: Clothing/ Shoes **P.O. To: (Prostock) (Other)** _____

Activity Fee: _____ **To whom:** _____

Camp Fee: _____ **To whom:** _____

Youth Travel: _____

Reimbursement: Check payable to: _____

Amount: _____ **(Please provide Original Receipt for reimbursement)**

*Please have your child's school verify that he/she has less than 10 unexcused absences and is currently attending school (Not Suspended or Expelled)
This must be done with each request.*

School Name: _____

School Staff Signature: _____

Phone/Extension # for verification purposes: _____





STAFF USE ONLY

Request Reviewed By:

- LYR/Wellness Manager
- Athletic Coordinator
- Activities Coordinator

Client Code # _____

Decision: **Approved**

Denied

Rationale: No Funds

Doesn't meet Criteria

Criteria: High Motivation

Youth at Risk

Unemployed

Single Parent Household

CPS/JJ Referral

YESS Referral

Referred to other Sources: _____

Date of Review: _____ **LYR Staff Signature:** _____

~~~~~

**STAFF COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

