



Special Needs Application

Child's Name: _____

Age: _____ School: _____

Placement Status: (ie; EFH/concurrent/group/relative, etc.):

Describe Reason for Request: _____

Amount Requested: \$ _____

If For School Function/Sport Are Scholarships Available Through Team/School?

Yes: _____ No: _____

Payee must be 18 or older. If request is \$500.00 or more funds will be paid to service provider, please include their name and address.

Check payable to:

Name: _____

Address: _____

Sonoma County Social Worker:

Name: _____ Phone: _____ Email: _____

If FFA; Agency Social Worker

Name: _____ Phone: _____ Email: _____

Date Submitted: _____

All requests must come from FY&C Social Worker and must include all requested information.

Email completed application to Morgan Miyano at scholarship.refpa21@gmail.com. Questions please call Morgan at 707.738.5528

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

REFPA Use Only: Approved _____ Amount _____ Date _____