



CANCER
FOUNDATION

**Teddy Bear Cancer Foundation
Education Support Program
Parent Interest Form**

PARENT/GUARDIAN INFORMATION

Name of Parent: _____ Relationship to child: _____

Address: _____

Email: _____ Phone number: _____

CHILD'S INFORMATION

Child's name: _____ Grade level: _____

Name of school: _____

School address: _____

Phone number: _____

Does your child have an Individual Education Plan (IEP)? Yes No

TEACHER INFORMATION

Teacher's name: _____

Phone number: _____ Subject: _____

Home address: _____

Email address: _____

PARENT REQUEST FORM
(MARK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Homework help | <input type="checkbox"/> Neuropsychological Exam (Up to \$1,500) |
| <input type="checkbox"/> Specific subject (math, reading, writing, etc.) | <input type="checkbox"/> Other: _____ |

Describe: _____

Preferred Tutoring time:

- Mornings
- Afternoons
- Weekends
- Summer vacation

Additional comments:

Name (person completing this section): _____ Date: _____

Please describe the reason(s) your family is requesting Education Support Program assistance:

For Office Use Only

Program Service	Amount Requested	Date Approved	PD Initial/comments