



COALITION OF ADOPTION AND FOSTER FAMILY AGENCIES

Family Support and Advocacy Committee

Request For Stipend and/or Scholarship

Send applications to: Patricia Dietrich, CAFFA, 95 Franklin Street, Room 525 H&K, Buffalo NY 14202
Phone: 858-6203 Fax: 858-2647

CHILD: AGE: CIRCLE: Foster Care Adoption IL

PARENTS: PHONE:

ADDRESS: CITY/ZIP:

CASEWORKER: AGENCY: PHONE:

AMOUNT REQUESTED: TIME PERIOD OF PROJECT:

How much are you contributing?

Other financial options explored?

Checks should be made out to:

Describe a plan as to how the stipend will be used by the family to meet the child(ren)'s needs
Attach additional pages if necessary. BE SPECIFIC!

Supporting attachments required (i.e. program flyer, invoice, letter from child age 10 and up)
Please sign your name here agreeing to forward necessary receipts to CAFFA.

X

Upon receiving the scholarship and having applied it, we are requesting one or more of the following:

- A letter/drawing from the child or foster/adoptive parent stating what it was used for
Thank you letter from the agency working with the family/child(ren)

Application must be submitted 60 days prior to the need of the funds

For committee use only: Date request was received:
Approved/Denied: Date: Date submitted request to treasurer: