



The Roman Fund

A Children's Foundation for Educational Needs

INTAKE FORM

**TO APPLY FOR THE ROMAN FUND EDUCATIONAL SERVICES,
PLEASE FILL OUT THE ENTIRE FORM BELOW. PLEASE DO NOT LEAVE OUT ANY INFORMATION.**

**ONCE FILLED OUT, YOU CAN EITHER EMAIL TO: EDUCATE@THEROMANFUND.ORG
OR MAIL TO: THE ROMAN FUND, P.O. BOX 1616, UPLAND, CA 91785**

**ALL FINANCIAL AID APPLICATIONS ARE PRESENTED TO THE BOARD AT THE
FOLLOWING MONTH'S MEETING FOR APPROVAL REQUEST.**

TO HELP ENSURE WE RECEIVED YOUR APPLICATION, PLEASE EMAIL US FOR CONFIRMATION. THANK YOU.

Parent's Name: _____

Phone: _____

Address: _____

2nd Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Child or Children's Name/s: _____

School District Name: _____

School of Attendance: _____

Brief Description of Circumstance: _____

- Financial Aid: Yes! I need financial aid.
 No, I do not need financial aid.

Brief Description of Financial Hardship: _____

