

190 Kings Ridge Court Southern Pines, NC 28387

Funding Request Form

Mother/Guardian Name:		
Father/Guardian Name:		
Mother/Guardian Phone #1:	Cel	l Home (circle one)
Mother/Guardian Phone #2:	Cel	l Home (circle one)
Best Way to Be Reached (circle one): Cell Hor	ne Email	
Mother/Guardian Email:		-
Father/Guardian Phone #1:	Cell	Home (circle one)
Father/Guardian Phone #2:	Cell	Home (circle one)
Father/Guardian Email:		
Best Way to Be Reached (circle one): Cell Ho	me Email	
Street Address:	_ City:	
State: Zip Code:		
Child's Name:		
Below, please briefly explain why you are reque	esting our assistance:	