



ERIE COUNTY BAR ASSOCIATION AKT

“SENIOR FUND” APPLICATION

WHAT IS AKT?

Attorneys & Kids Together (AKT), the Erie County Bar Association’s signature community service project, has monies available through its “Senior Fund” that may assist qualifying high school students with paying for certain school related expenses that arise during the course of their senior year.

In the past the AKT Program has provided assistance with “senior expenses” including, for example: yearbook, class ring, graduation announcements, cap and gown, senior photos, senior banquet/trip, and/or prom tickets.

WHO QUALIFIES FOR AKT’S “SENIOR FUND” HELP?

In order to be considered for “Senior Fund” assistance, certain criteria must be met. Students must:

- ☞ Currently attend school in good standing (not in AEP or expulsion). *Attach a copy of your senior year transcript.*
- ☞ Be on track to graduate this school year
- ☞ Reside with a parent in an identified homeless shelter or live on their own without parental financial support or otherwise have no permanent residence (i.e. the student and/or parent(s) do not reside in any place regularly)
- ☞ Parents have put them out or they have run away from an unsafe/unsupportive situation
- ☞ Exhibit a financial need for support to acquire the items requested

THIS APPLICATION AND THE STUDENT:

This Application is designed to fully inform the AKT “Senior Fund” Program of the student’s specific circumstances so that eligibility can be confirmed. It is very important that the student fill out this Application as completely as possible. Attaching a letter further explaining the circumstances surrounding the qualifying student’s needs, written/typed and signed by the student, is extremely helpful and recommended. By signing this application, the student is verifying that the information is true and accurate.

THIS APPLICATION AND THE SCHOOL’S GUIDANCE COUNSELOR/SENIOR ADVISOR:

The AKT Program depends on the school’s Guidance Counselor or Senior Advisor to verify that s/he is a) familiar with the individual student, b) comfortable that the student qualifies for AKT’s assistance, c) able to confirm that the specific items requested by the student are reasonable. That is why the Counselor/Advisor is asked to personally sign each student’s application. Photocopies of the signature page will not be accepted.

WHEN IS THE LATEST AN APPLICATION MAY BE SUBMITTED?

April 15th each year. Applications may be submitted at any time during the student’s Senior year prior to April 15. In fact, the earlier the better.

WHAT IF THE STUDENT OR COUNSELOR/ADVISOR HAS QUESTIONS?

Contact the AKT Program Coordinator, Sandra Brydon Smith, Executive Director, at 814-459-3111, or sbsmith@eriebar.com.

Thank you.



ATTORNEYS & KIDS TOGETHER (AKT)

“SENIOR FUND” APPLICATION

Student's full name:

Current address:

Current phone number:

Name and address of high school:

Grade Level:

- | | | |
|--|-----|----|
| 1. Do you currently attend school in good standing (<i>not in AEP or expulsion</i>)? | yes | no |
| 2. Are you on track to graduate this school year? | yes | no |
| 3. Do you reside with a parent in an identified homeless shelter or
live on your own without parental financial support or
otherwise have no permanent residence (i.e. the student and/or parent(s) do not reside in any place regularly)? | yes | no |
| 4. Have your parents put you out or have you run away from an unsafe/unsupportive situation? | yes | no |

If your answer is “yes” to Question 3 or 4, please explain the circumstances surrounding your current living/housing situation. If not residing in any specific place on a regular basis and/or your parents have “put you out” of their home, please describe your current living situation.

5. Please identify the specific “senior expenses” that you are requesting from the AKT Program. List each item separately. Please complete each of the 4 columns.

DESCRIPTION OF ITEM	COST OF THE ITEM	DID YOUR SCHOOL ADVANCED THESE FUNDS FOR YOU?	I PAID FOR THIS MYSELF OR HAVE MADE A DEPOSIT. I AM ASKING FOR REIMBURSEMENT. <i>(receipts required for either).</i>
<i>Examples: Yearbook</i>	<i>\$35</i>	<i>yes</i>	<i>no</i>
<i>Prom tuxedo</i>	<i>\$90</i>	<i>no</i>	<i>yes</i>

6. Please provide any other important information you feel would assist the AKT Program in making a favorable determination regarding your request(s).

Student's Signature:

Date:



I VERIFY that I am the senior Guidance Counselor or Advisor at

High School

I VERIFY that I am familiar with the student submitting this Application and feel s/he qualifies based on the criteria on page 1.

I UNDERSTAND that the Erie County Bar Association depends on me to review and sign each application individually.

I UNDERSTAND that the funding is discretionary.

Signature

Date

Printed Name

Phone number

E-mail address

Return your completed application to: AKT Program, 302 West 9th Street, Erie, PA 16502

