



ERIE COUNTY BAR ASSOCIATION AKT

“SENIOR FUND” APPLICATION

WHAT IS AKT?

Attorneys & Kids Together (AKT) is the Erie County Bar Association's signature community service project. One facet of the program is its "Senior Fund", developed to assist qualifying high school students with certain school related expenses that arise specifically during the course of their senior year. A few examples are yearbook, cap and gown, senior banquet, senior class trip, prom tickets and prom attire. *NOTE: AKT is no longer able to provide class rings or senior photos.*

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 be attending 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 financial support
- ☞ Not reside at any place regularly. Their parents have put them out or they have run away from an unsafe/unsupportive situation
- ☞ Demonstrate and confirm financial need

THIS APPLICATION AND THE STUDENT:

It is very important that the student fill out this Application as completely as possible. Attaching a letter further explaining any circumstances, 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 a) is familiar with the individual student, b) feels that the student qualifies for AKT's assistance, c) is able to confirm that the specific items requested by the student are reasonable. Verification 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?

May 1st each year. Applications may be submitted at any time during the student's Senior year prior to May 1. In fact, the earlier the better.

WHAT IF THE STUDENT OR COUNSELOR/ADVISOR HAS QUESTIONS?

If you have any questions concerning any of the matters involved in the application process, feel free to contact the AKT Program Coordinator, Sandra Brydon Smith, Executive Director, Erie County Bar Association, 302 West 9th Street, Erie, PA 16502-1427, 814-459-3111, E-mail address: 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. Are you currently in “good standing” and attending school? (<i>AEP or expulsion status does not qualify.</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? | yes | no |
| 4. Are you living on your own without any outside financial support? | 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. To the extent applicable, please describe whether or not you have “run away” or “escaped” from any unsafe/unsupportive situation and provide an explanation of that situation.

6. Please identify the specific “senior expenses” which you are requesting from the AKT Program.
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>Senior Class Trip</i>	<i>\$50</i>	<i>no</i>	<i>yes</i>

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

Student's Signature:

Date:



I VERIFY that I am the senior Guidance Counselor or Advisor at _____, _____
High School,
that I am familiar with the student submitting this Application and that I feel s/he qualifies and should be considered
for AKT's Senior Fund assistance with the specific items requested based on the criteria detailed on Page 1.
I understand that the Erie County Bar Association depends on me to review and sign each application individually.

Signature

Date

Printed Name

Phone number

E-mail address

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

