



## ERIE COUNTY BAR ASSOCIATION AKT “JUNIOR/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 "Junior/Senior Fund", developed to assist qualifying high school students with certain school related expenses that arise specifically during the course of their junior and senior years. A few examples are yearbook, cap and gown, senior banquet, senior class trip, prom tickets and prom attire.

### WHO QUALIFIES FOR AKT’S "JUNIOR/SENIOR FUND" ASSISTANCE?

In order to be considered for “Junior/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 transcript.*
- ☞ Be on track to graduate this school year (seniors) or next school year (juniors)
- ☞ Not reside at any place regularly
- ☞ Have been put out by their parents or the student has left 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/ADVISOR:

The AKT Program depends on the school’s Guidance Counselor or Advisor to verify that s/he a) is familiar with the individual student, b) feels that the student qualifies for AKT’s assistance, and c) is able to confirm that the specific items requested by the student are reasonable. The Counselor/Advisor is asked to personally sign each student’s application in the ‘Verification’ Section, confirming the information is true and accurate to the best of his/her knowledge and belief.

### WHEN IS THE LATEST AN APPLICATION MAY BE SUBMITTED?

Applications may be submitted at any time during the student’s Junior or Senior year, but the earlier in that year, 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, 429 West 6th Street, Erie, PA 16507, 814-459-3111, E-mail address: [sbsmith@eriebar.com](mailto:sbsmith@eriebar.com).

Thank you.



# ATTORNEYS & KIDS TOGETHER (AKT) “JUNIOR/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? (*AEP or expulsion status does not qualify.*) yes    no
2. Are you on track to graduate this school year (seniors) or next school year (juniors)? yes    no
3. Please explain the circumstances surrounding your current living/housing situation.

4. Please identify the specific expenses that you are requesting from the AKT Program. List each item separately (*i.e. no “gear” or “accessories.”*) 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>Class Trip</i>	<i>\$50</i>	<i>no</i>	<i>yes</i>

5. 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:

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I VERIFY that I am the 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 Junior/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

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*Return the completed application to: AKT Program, 429 West 6th Street, Erie, PA 16507*

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