

# KEYS Supportive Services and Tuition Request Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

DPW County and Case Number \_\_\_\_\_ Community College \_\_\_\_\_

Explain need: \_\_\_\_\_

## Request Categories

### CAO APPROVAL REQUIRED

Books and Supplies	Amount Requested \$ _____
Clothing and Uniforms	Amount Requested \$ _____
Equipment and Tools	Amount Requested \$ _____
Education and Training Fees	Amount Requested \$ _____
Professional Fees	Amount Requested \$ _____
Motor Vehicle Purchase	Amount Requested \$ _____
Motor Vehicle Repair	Amount Requested \$ _____
Motor Vehicle Operator Fees	Amount Requested \$ _____
Public / Private Transportation	Amount Requested \$ _____

Amount Paid by CAO \$ \_\_\_\_\_ Date paid: \_\_\_\_\_

Approved by \_\_\_\_\_ on \_\_\_\_\_  
Name of DPW Representative Date approval obtained

**ATTACH:** For vehicle purchase, attach written estimate of cost with complete vehicle information along with a copy of valid driver's license and proof of insurance or quote for new policy. For repairs, include written estimate from mechanic. List documentation attached \_\_\_\_\_

### CAO APPROVAL NOT REQUIRED

**Motor Vehicle Insurance** Amount Requested \$ \_\_\_\_\_  
Policy Period: \_\_\_\_\_ to \_\_\_\_\_ Due by: \_\_\_\_\_

**ATTACH:** Estimate/quote, valid driver's license and vehicle registration.

Tuition	Course and Term _____	Amount Requested \$ _____
Eyeglasses		Amount Requested \$ _____
Hearing Aids		Amount Requested \$ _____
Vehicle Rental / Lease		Amount Requested \$ _____
Other	_____	Amount Requested \$ _____

Make Check Payable to: \_\_\_\_\_

**NOTE:** Only vehicle purchase, down payment, repair, or insurance, and tuition can be a restricted endorsement

Account/Policy#: \_\_\_\_\_

Mail to: \_\_\_\_\_

### Signatures:

KEYS Student Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

KEYS Program Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

Check# \_\_\_\_\_ Date \_\_\_\_\_ Amount Paid \_\_\_\_\_