

Child Enrichment Application		
CASA's Name:	Date	
CASA's Email:		
Child's Name & Age:		
Description of how this request will enrich the child's academic or extracurricul ar life:		
Amount being requested: Make check payal		eck
Mail check	D:	
*Be sure to fill in all information legibly *Please note that approval is required for request and may take up to 2 weeks to process. *Receipt of goods or services is required for reimbursement. *Email completed form to Jenny Cassin (jenny@bouldervfc.org) For Office Use Only:		
Approved:		
Check Number:		