



# Child Enrichment Application

CASA's Name: \_\_\_\_\_  
*First* *Last*

Date: \_\_\_\_\_

CASA's Email: \_\_\_\_\_

Child's Name & Age: \_\_\_\_\_  
*First* *Age*

Description of how this request will enrich the child's academic or extracurricular life: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount being requested: **(max \$250 per case)**  
\$ \_\_\_\_\_

To receive payment, you will receive an email from Bill.com prompting you to complete your Bill.com account to receive ACH payment. Please follow the instructions in that email to complete the process.

- \*Be sure to fill in all information legibly
- \*Email completed form to your case supervisor and copy Jenny Cassin ([jenny@bouldervfc.org](mailto:jenny@bouldervfc.org))

## For Office Use Only:

Approved: \_\_\_\_\_