



## REQUEST FOR SPECIAL NEEDS/EQUIPMENT

Please complete all information on the application form. Additional information may be attached. All forms must be signed. A letter from the SSD teacher must accompany this application. The letter should indicate the reason the student needs this assistance and the benefits the student will obtain. Please submit a copy of pages 1 and 2 of Form 1040 from the family's most recent tax return. Send the completed application to Diane Buhr, Executive Director, Special Education Foundation, 10176 Corporate Square Dr., Suite 100, St. Louis, MO 63132.

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**School Attending** \_\_\_\_\_ **District** \_\_\_\_\_

**Parent/Legal guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Phone** \_\_\_\_\_

**Parent/Legal guardian Signature** \_\_\_\_\_

### Equipment requested:

**Description** \_\_\_\_\_

**Manufacturer** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Stock numbers** \_\_\_\_\_

**Price** \_\_\_\_\_

**Special Need Requested:**

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**Description:** \_\_\_\_\_

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**Reason for financial need:** \_\_\_\_\_

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**Teacher name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School** \_\_\_\_\_ **District** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Teacher signature of approval** \_\_\_\_\_ **Date** \_\_\_\_\_