

Corey & Kristy Stumpf Tech for Kids Fund
Technology Assistance Application
PARENT FORM – to be completed by parent or guardian

The Corey & Kristy Stumpf Tech for Kids Fund was established to provide technology assistance to children (early childhood – grade 12) who have severe cognitive and/or developmental disabilities with a demonstrated financial need. Technology assistance will be awarded to students, at the discretion of the selection committee, from the following public-school districts: Brillion, Chilton, Freedom, Hilbert, Hortonville, Kaukauna, Kimberly, Little Chute, Seymour and Stockbridge.

Return completed form to your child's school to accompany the Teacher Form - both are required.
Applications not filled out COMPLETELY will NOT be considered!

Please refrain from contacting any member of the Stumpf family or committee members regarding this application.

For questions, contact Kelly Hicks at 920.702.7655 or khicks@cffoxvalley.org

Name of student: _____

Student's age: _____ Student's gender, check one: ☐ Female ☐ Male ☐ Other

School student currently attends: _____

Total number of children in household including applicant: ____ What are their ages: _____

Name of parent/guardian #1: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

Employment, check one: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired

Parent/guardian #1 employer: _____

Position/duties: _____ Monthly gross income: _____

Name of parent/guardian #2: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

Employment, check one: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired

Parent/guardian #2 employer: _____

Position/duties: _____ Monthly gross income: _____

Student lives with (check one): ☐ Parent/Guardian #1 ☐ Parent/Guardian #2 ☐ Both ☐ Joint Custody

List the relationship and monthly income from any other members living in the household:

Does the student receive any other financial support? ☐ Yes ☐ No

If yes, please explain (dollar amount of support per month, and what kind of support; child support, public assistance, social security, private pension fund, annuity or trust, or income for someone outside the household):

Have you had any unusual circumstances and/or expenses in the past year? ☐ Yes ☐ No

If yes, please explain:

Student's type of disability and its characteristics:

Is the family able to pay toward this technology? ☐ Yes ☐ No

If yes, how much can you contribute: _____

Has the student received previous financial assistance for technology? ☐ Yes ☐ No



4455 W. Lawrence St.
Appleton, WI 54914
P 920.830.1290
E info@cffoxvalley.org
cffoxvalley.org

If yes, please list the amount received, equipment received, date support was received and from which provider or program:

My child is currently eligible for the following program(s):

☐ Free Lunch Program ☐ Reduced Lunch Program ☐ Other: _____

The information on this application will be reviewed by members of the selection committee, which is made up of Community Foundation for the Fox Valley Region staff and employees from the school districts that are listed at the beginning of this application. This information will be kept in strict confidence. If your student is selected to receive an award, there may be pictures taken at the awards presentation.

*By signing below, the parent/guardian understands the following: I am not guaranteed funding by submitting this application. **Late or incomplete applications will not be considered.** All grant awards will be distributed to the school for purchase and preparation of the technology item for use.*

Ownership of Equipment: The assistive technology will be a co-ownership between the school, the student and parent/guardian for the first four years. The equipment will then become solely owned by the student and parent/guardian.

Use of Equipment: The student will follow school guidelines for technology use, including but not limited to inappropriate websites and/or applications. The equipment is to be used for educational purposes only. Any action discovered to be inappropriate by the student or his/her family will forfeit the student's use and co-ownership of the technology.

*Care of Equipment: The care of the equipment will be the responsibility of the school for the first four years of co-ownership. After the student and parent/guardian assume sole ownership, the liability for care and/or repairs of the equipment will also belong solely to the student and parent/guardian. **At any time, any equipment found to be damaged beyond repair will not be replaced (this includes any screen damage).***

Parent/Guardian Signature: _____ Date: _____
(Typed Name is acceptable)