

# **Application for Helping Wheel Assistance**

Name of Legal Guardian:

Name of Student:

Street Address:

City/State/Zip:

Email Address:

Phone Number:

Birth Date of Student and Grade:

High School Student Attends:

Sport or Activity Student is Seeking Funding For:

Are you Seeking Financial Aid or Equipment:

If Seeking Equipment, what Items are Needed:

Reason for Funding Request:

Does the Student or Guardian Receive Any Form of Government Assistance (Medicaid, WIC):

