



Support **O**ur **S**tudents (SOS) Fund Application

School Year: _____

OSSPEAC Member's Name: _____

Title: _____ OSSPEAC Member's Number: _____

Agency of Employment: _____

Home Address: _____ Home Phone: _____

City/State/Zip: _____

Email Address: _____

Student's First Name: _____ Gender: _____

District of Residence: _____ Building of Attendance: _____

Grade: _____ Primary Disability (listed on IEP): _____

Specific Item Requested (exact name): _____

Company Name: _____ Cost of Item: _____

A Statement of Educational Need:

(Describe the specific tasks that you expect the student to do within the educational program and the environments where these tasks will be accomplished.)

Present Level of Performance:

(Describe student's specific skills and abilities as they relate to the performance of the specific tasks being considered.)

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How will this item improve student learning, access to the general curriculum or attainment of IEP goal?

What is the anticipated outcome of this item (eg. classroom accountability)?

Return completed application to:

Support Our Students
c/o OSSPEAC Scholarship/Grant Committee
205 Glendale Street
LaGrange, OH 44050

Postmarked by: March 15th