



Vendor: _____

Youth Name: _____

Caregiver: _____

Secured Tutor Name: _____

This is a renewal of services: Yes No

If yes, please list all the dates of tutoring sessions from the previous month.

Number of weekly hours secured:

Number of monthly hours secured:

In Person: _____

In Person: _____

Virtual: _____

Virtual: _____

Hourly Rate: _____

Request Amount: _____

Why does this child need tutoring?

What are the expected goals for this month of tutoring?

My signature below confirms that the information above has been reviewed with the applicant. The vendor and/or tutor has not initiated or in any way solicited the caregiver to submit a funding request to AFFCF for a service that is not needed. ***This form in no way implies that an application to AFFCF has been considered or approved.***

- I confirm this form was filled out based on a need for tutoring.
- I confirm this is NOT group tutoring.

Vendor Contact:

Name

Phone

Email

Signature

If this is a renewal for services, please have the youth or caregiver sign and date:

Youth or Caregiver Signature

Date