



STUDENT SPECIAL ASSISTANCE FUND APPLICATION

2024-2025 SCHOOL YEAR

For full consideration, please complete the entire form and submit with required attachments. Incomplete application packages will not be reviewed.

Application Date

Student School
Enrollment Date

Student I.D.#

School Uniform Required?

YES

NO

Assistance Needed?
(Select only one).

School Uniform Shirt Size ___ Pants Size___ Uniform Color_____

Eyeglasses

Hearing Aid

12th Grade Senior Fees

8th Graduation Fees

FIRE/DISASTER VICTIM (Attach supporting documentation)

**Check here if you are
currently receiving
assistance from CPS.**

YES

NO

**List services
provided by
CPS.**

Name of School:

School Phone Number:

School Grade :

Graduation Date:

Applicant Status:
(For fire victims, please
attach supporting
document).

New Applicant

2nd Year Applicant

FIRE/DISASTER VICTIM (Attach supporting documentation)

Temporary-Living (Homeless)

STUDENT INFORMATION

**NOTE: Maximum SSAF assistance is up to (2) consecutive years.
Student is automatically ineligible after two consecutive years of
funding.**

Last Name:

First Name:

Date of Birth:

Age:

Street Address:

Chicago

IL

Zip Code:

E-mail Address:

Phone Number:



PARENT/GUARDIAN INFORMATION

Please provide all sources of income. Parent/legal guardian must show current proof of income for full consideration.

Last Name:

First Name:

Same Residence of Student applicant?

Yes

No

Address: (if different from student applicant):

of Adults in Household

of Children in Household

Source of Income
(Select all that apply)

Child Support

Public Assistance (Aid)

Employed

Other

Total Monthly Income

Name of Employer:

Employer Address:

City:

State:

Zip Code:

Are you receiving other financial assistance:

IMPORTANT! Two school official signatures are required for this form, the school delegate and school principal. For schools that do not have a designated delegate, the required signatories are the principal and either the school nurse (CTU member only) or the designated school clinician.

Delegate Last Name:

First Name :

Delegate Signature:

E-mail

Principal Last Name
(Required signature):

First Name:

Principal Signature:

**School Counselor/
Social Worker Name**
***(Approved Alternative
Signatory)***

**Counselor
Signature:**

School Nurse
***(Approved Alternative
Signatory)*** (Include
phone number) :

**Nurse
Signature:**

Please mail completed application to:

Chicago Teachers Union Foundation (CTUF)
1901 W. Carroll Ave
Chicago, IL 60612
Office: (312) 429-2100

Required Attachments: Proof of Income (SSI, Public Aid, and/or Copy of Check Stub)
Letter from School Official (on school letterhead)

Electronic Submission: Please sign, scan and e-mail completed application along with required documents to: charisebennett@ctuf.org. **Please write SSAF and the Student's Name in e-mail subject line.**

Please do not drop off SSAF applications at the Chicago Teacher Union Foundation office/ reception desk. All applications must be submitted through postal mail service or by e-mail. To expedite your application submission, e-mail your application package.

Eligibility Requirements: Applicant must be residing in low-income household. The household income must be below the federal poverty line. Click here for [Federal Poverty Guidelines](#).