



Name of Tutoring Company (Vendor): \_\_\_\_\_

Youth Name: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Tutor Name: \_\_\_\_\_

Is this a renewal of services?  Yes  No If yes, please list all dates of the previous month's tutoring sessions.

Empty box for listing tutoring session dates.

Number of weekly hours secured:

In Person: \_\_\_\_\_

Virtual: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Number of monthly hours secured:

In Person: \_\_\_\_\_

Virtual: \_\_\_\_\_

Request Amount: \_\_\_\_\_

Who made the recommendation for tutoring? \_\_\_\_\_

Why does this child need tutoring? \_\_\_\_\_

What subject(s)? \_\_\_\_\_

Does the child have an IEP and/or 504 plan?  Yes  No

What are the expected goals for this month of tutoring?

Empty box for expected goals.

If renewal, what gains has the child made with tutoring?

Empty box for gains made with 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.

Tutoring Company (Vendor) Contact

Name

Phone

Email

Tutor Signature

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

Caregiver Signature

Date