
Date received by ONSC

Eligibility Requirements

- School must have a contracted program with ONSC
- Schools must be located in Arkansas
- The request must be received by ONSC at least 10 business days prior to program date

School _____ Program date(s) _____

Address _____ City/ST/Zip _____

Phone _____ Email _____

Person Completing Form

Name _____ Job Title _____

Phone _____ Email _____

Statement of Need

Assistance Requested (please check one)

____ Individual Student(s) # _____
____ Entire Class # _____

Percentage of students eligible for Free/Reduced lunch:

_____ %
Total of other assistance funds applied for/received \$ _____
Amount of assistance funds requested from ONSC \$ _____
Amount of assistance funds approved \$ _____

Executive Director signature

Date