



# EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

## ANGEL FUND DONATION

The East Troy Community School District has set up an "Angel Fund" to help ETCSD families in need whose children have negative lunch account balances and fees that they are unable to pay. Families are placed on the Angel Fund list based on recommendation from our school social worker, counselors, psychologists, health office staff, administrators and/or faculty. Families are first processed to see if they qualify for the free or reduced lunch program and the reduction of fees. In some cases, income level is just above the limit and the family is unable to obtain financial assistance from government sources. The Angel Fund is used to pay negative lunch account balances and/or fees accrued by these families. Any remaining funds may be used to offer future meals to their children.

To contribute to the angel Fund, please make your check payable to ETCSD. Write "Angel Fund" in the note section. Contributions should be sent to our District Office at 2040 Beulah Avenue, East Troy, WI 53120 or the main office at your child's school.

Names of recipients and donors will remain confidential. Please contact Kim Pluess, MS/HS Social Worker - 262-642-6760 x.5242 or [plukim@easttroy.k12.wi.us](mailto:plukim@easttroy.k12.wi.us), with any questions. Thank you for your generosity!

Would you like your donation to go towards :       Food Service     Fees     No Preference    Amount: \_\_\_\_\_

If you have a specific family/student that you would like your donation to go towards, please complete the section below:

Name: \_\_\_\_\_  Food Service     Fees     No Preference    Amount: \_\_\_\_\_

Name: \_\_\_\_\_  Food Service     Fees     No Preference    Amount: \_\_\_\_\_

Name: \_\_\_\_\_  Food Service     Fees     No Preference    Amount: \_\_\_\_\_

Name: \_\_\_\_\_  Food Service     Fees     No Preference    Amount: \_\_\_\_\_

Total Angel Funds Being Applied: \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT!

**FOR OFFICE USE ONLY - To be completed by the school district social worker**

Name: \_\_\_\_\_ Fee to Pay: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Fee to Pay: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Fee to Pay: \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_ Fee to Pay: \_\_\_\_\_ Amount: \_\_\_\_\_

Total Angel Funds Being Applied: \_\_\_\_\_