

Highland View Academy

DeHaan Matching Funds Application

Date of Application _____ School Year _____

Name _____ Student's Name _____

Address _____

Phone _____ Work Phone _____

Email _____ Annual Gross Income _____

Reason for Requesting Matching Funds _____

Donor's Name _____ Relative? Yes No

Donor's Address _____

Donation Amount _____ One Time Monthly Already Contributed

Signature _____ Date _____
(Parent/Guardian)

Signature _____ Date _____
(Parent/Guardian)

Approved Not Approved

Signature _____ Date _____
(Principal)

Signature _____ Date _____
(Business Manager)

Donations received for the benefit of a specific student are not considered deductible charitable contributions (RR 79-81, 1979-1 CB 107).