



**FRIENDS OF FAIRFAX JUVENILE COURT, INC.**

**A 501C(3) ORGANIZATION DEDICATED TO PROMOTING THE SUCCESS OF CHILDREN AND  
THEIR CAUSES IN THE FAIRFAX JUVENILE JUSTICE SYSTEM**

**REQUEST FOR FINANCIAL ASSISTANCE**

Please email the completed form to [secretary@friendsoffairfaxjuvenilecourt.org](mailto:secretary@friendsoffairfaxjuvenilecourt.org)

**DATE:** \_\_\_\_\_

**REQUESTOR'S NAME:** \_\_\_\_\_

**REQUESTOR'S ORGANIZATION:** \_\_\_\_\_

**REQUESTED AMOUNT:** \_\_\_\_\_

**DATE FUNDS NEEDED:** \_\_\_\_\_

**ITEM(S) TO PURCHASE:** \_\_\_\_\_

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**REASON FOR REQUEST (please include the name of the individual/juvenile who is the beneficiary of this request for funds):**

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**For Administrative Purposes**

**Unit Supervisor's Signature of Approval:** \_\_\_\_\_

**Deputy Director's Signature of Approval:** \_\_\_\_\_

**Director's Signature of Approval:** \_\_\_\_\_

**Date of Approval by Friends of the Fairfax Juvenile Court Board of Directors:** \_\_\_\_\_

**Amount of Funds Approved:** \_\_\_\_\_

**Date Funds Delivered:** \_\_\_\_\_

**Reason Funds Not Approved:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE EMAIL THE COMPLETED FORM TO [SECRETARY@FRIENDSOFFAIRFAXJUVENILECOURT.ORG](mailto:SECRETARY@FRIENDSOFFAIRFAXJUVENILECOURT.ORG)**