East End
Counselor's Association

Financial Assistance Application

Student Information

Student Name:_____

Student Email:_____

Student Address: _____

_____

Student School:_____

*If BOCES Program, Program of Study:

_____

Counselor Information

Name:_____

District:_____

Phone:_____

Email:_____

Active EECA Member: YES NO

Explanation of Student's Financial Need

_____
_____
_____

Disclaimer: Please be aware the EECA is able to assist students in Educational, Career, or Vocational opportunities that they would otherwise be unable to participate in due to financial hardship. Financial assistance funds are allocated for opportunities that allow a student to enhance their education and/or career success.