



**CRITERIA FOR REQUESTS FROM  
ARIZONA FUNERAL, CEMETERY & CREMATION ASSOCIATION  
FOUNDATION FOR CHILDREN**

Do you know of a child in need? Funds are available to help underprivileged children with specific health care needs. The Foundation for Children School Nurse fund was founded by the Arizona Funeral, Cemetery & Cremation Association (formerly Arizona Funeral Directors Association) to provide a means for school nurses to fill a need they saw for underprivileged children with a specific health problem at their schools.

Funds are available to help with children's specific health care needs only. The criteria for determining if a request qualifies are as follows:

1. Only medical treatment or health care needs for underprivileged children will be considered.
2. In general, requests for funding must be made prior to the actual physician visit, performance of medical tests, examinations or medical treatment. Reimbursements after the fact are not generally made, but may be considered by the Board in emergency situations.
3. Specific items to aid in eyesight and hearing such as eyeglasses and hearing aids will be considered. Some of these requests may be referred to the Medical Home Project.
4. Emergency medications (one time request only) may be granted; ongoing medications are not funded.
5. Requests for clothing, bedding or household items are not funded.
6. Any request for more than \$250 for medical treatments, test or medical devices will go to the Board of Directors of the Arizona Funeral, Cemetery & Cremation Association Foundation for Children for review and approval. Please supply as much information as possible. Further questions may be asked by the Board and will help support your case.

For more information, please contact:

Mary Freeland

623.694.8558

480.649.0362 fax

[nurse@azfcca.org](mailto:nurse@azfcca.org)

## PROCEDURE FOR REQUESTING SCHOOL NURSE FUNDS

### REQUESTING FUNDS:

- All school nurse requests must be made on the accompanying form. If this form was printed or faxed to you, you may download a fillable form at [www.azfccca.org/give\\_back.html](http://www.azfccca.org/give_back.html). Please answer all questions in as much detail as possible. Provide any physician documentation if available.
- Requests should be e-mailed to [nurse@azfccca.org](mailto:nurse@azfccca.org) (preferred), or sent to:

AFCCA Foundation for Children  
1418 N. Scottsdale Road – PMB 376  
Scottsdale, AZ 85257  
Fax: 480.649.0362

(Fax or mail is acceptable; e-mail is preferred)

- Mary Freeland, AFCCA Foundation School Nurse Fund Coordinator will be the point of contact for questions and inquiries. You may contact Mary at 623.979.2775 or [nurse@azfccca.org](mailto:nurse@azfccca.org).

### REVIEW AND APPROVALS OR DENIAL:

- The School Nurse Coordinator will acknowledge receipt of grant requests, convey information regarding approval or denial of the request, and/or further review by the Board of Directors will be required. Information will be provided as determinations are made. Suggestions for alternate sources of fulfillment may be given to supplement grant requests.
- Requests under \$250 that are approved will be funded as soon as possible from the funds made available to the School Nurse Coordinator.
- All requests are given careful consideration and scrutiny to determine critical need. Please note that not all requests will be granted.

For more information, please contact:

Heather Long, Executive Director  
AFCCA Foundation for Children  
1418 N. Scottsdale Road – PMB 376  
Scottsdale, AZ 85257  
Phone: 602.909.6135  
E-mail: [director@azfccca.org](mailto:director@azfccca.org)



**AFCCA FOUNDATION FOR CHILDREN  
GRANT REQUEST / SCHOOL NURSE FUND REQUEST**

**PLEASE PRINT OR TYPE FORM – MUST BE FILLED OUT COMPLETELY, IF NOT THIS MAY DELAY YOUR REQUEST.**

\*Requests over \$250.00 will be reviewed by AFCCA Board of Directors, which meets on the 2nd Thursday of every month.

School Nurse Name:		Request Date:
School:	School District:	
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-Mail:

Student Name:	Age:
Assistance/Items Requested:	
Rationale for Need/Intervention:	
What prior funding has been explored/considered obtained?	What financial assistance can the parents provide?

Amount Requested/ Cost of Medical need:	<input type="checkbox"/> Documentation attached <input type="checkbox"/> Documentation to follow	
Provider/Make Check Payable to:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	E-Mail:

X \_\_\_\_\_  
School Nurse Signature

X \_\_\_\_\_  
School Principal Signature

I give permission for my child to be photographed and/or videotaped for the purpose of fundraising/promoting AZ Funeral, Cemetery & Cremation Association Foundation For Children.

X \_\_\_\_\_  
Parent/Guardian Signature

**FOR OFFICE USE ONLY**

REQUEST: <input type="checkbox"/> Approved      Check #: _____ <input type="checkbox"/> Denied	REASON FOR DENIAL:
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