

Responses cannot be edited

SAM Youth Endowment Nomination Form

Nominee Name *

Please provide the full name of the nominee:

Jacob Giner

School of Nominee *

Great Falls High School

Mailing Address of Nominee *

1509 38TH ST S GREAT FALLS , MT 59405

Summary of Student's Financial Need *

Please explain in detail the financial need of the student.

On Wednesday, May 24th Great Falls High School received a call from our local hospital that the parent of one of our students, Jacob Giner, had suddenly passed during a routine surgery. This student who was being raised by a single mother was left with no family and no financial means to support himself. As we began to try to gather support for this young man we learned more about his situation; his mother suffered severe mental illness and wasn't capable of the normal parental support, neither emotionally and financially. This young man was navigating the ways of the world by himself from the beginning. Basically, he has been left with nothing. No personal possessions, very few clothes and zero money. What makes this so unbelievable is that before this tragic event, those of us that worked with this young man had no idea that he was living in this situation. Not only is Jacob a good student, he NEVER misses school and is a vital part of our football team. Additionally, he is well respected by our staff and student body.

There are so many expenses that are right in front of us at this time including obtaining a driver's license, insurance, camp fees and necessities like clothing, food and toiletries. The community of Great Falls has been amazing and housing has already been secured by a local family.

We would appreciate any help at this time. If \$1000 is possible, it would be put to good use. However, we understand there are many families who may need your support at this time as well. (Carie Magers, Counselor at GFHS)

Requested Amount *

Please identify the amount of award requested.

\$1000 ▼

Is the situation a family emergency (ie: death of a parent, loss of home, etc)? *

- Yes
- No
- Not sure

Will the funds help overcome the emergency? *

- Yes
- No
- Not sure

Does the student have an unusual health concern? *

- Yes
- No
- Not sure

Will the funds help further the student's education? *

- Yes
- No
- Not sure

Is the school or community unable to assist the student? *

- Yes
- No
- Not sure

Does the student have a family support network? *

- Yes
- No
- Not sure

Please provide additional information related to questions 1 - 6 above that were answered "yes".

The school and community are assisting in meeting Jacob's needs. However, he was left suddenly with absolutely nothing and no place to live. His needs are extreme!

Nominator Name *

Tom Moore & Carie Magers

Nominator School *

Great Falls High School

Nominator Email Address *

Please provide your contact information in the event we need to contact you with any questions.

tom_moore@gfps.k12.mt.us

Nominator Phone Number *

406-750-7456

This form was created inside of School Administrators of Montana.

Google Forms