



TASF Student Covid-19 Relief Fund by TACL

Parent/Guardian Name: _____

Student Name: _____

Email Address: _____

Phone Number: _____

Preferred form of payment (check one):

- ☐ PayPal
- ☐ Venmo
- ☐ Mailed Check

If PayPal / Venmo, what is your account identifier? e.g. PayPal username, Venmo handle: _____

If Mailed Check, **who** should the check go out to and what is the **mailing address** for the check: _____

By signing your name below, you certify that you identify as Taiwanese American / Taiwanese:

By writing your name below, you agree to the Terms and Conditions of the Student Covid-19 Relief Fund linked above. If you are under 18 or the legal age of majority in your jurisdiction, your parent, or guardian must agree to these Terms of Conditions on your behalf by writing their name below:

For any questions, please contact us at tacl@tacl.org

Mail the following items along with this form to:

TACL Covid-19 Student Fund

3001 Walnut Grove Ave #7, Rosemead CA 91770

1. Student's proof of enrollment
2. A one-page statement on how Covid-19 has impacted you/your family/household