



## Student Prosperity Savings Program (SPSP)

Use this form to submit initial goal setting for \$100, yearly documentation of completed goals for \$300, and match for \$200

HOH Name

Student Name

Student Savings Account Number

Date

This family is categorically eligible for the program because they participate in other low-income programs at our agency that require income verification

Initial Visit

Completed Goal Visit

Educational Goal

Financial Goal

Self-Sufficiency Goal

- Did client complete Educational Goal?
- Did client complete Financial Goal?
- Did client complete Self-sufficiency Goal?
- Did client contribute any of their personal funds to the College Savings Account?

Amount? \_\_\_\_\_

- Please have case worker sign and send to [my529@caputah.org](mailto:my529@caputah.org) \_\_\_\_\_