

SHELTER ISLAND EDUCATIONAL FOUNDATION, INC.

Individual Grant Application

Date:

Name of Applicant:

Date of Birth (if applicant is less than 21):

Name of Parent/Guardian (if applicant is less than 21):

Name of Employer (if applicant is not a student):

Address of Applicant:

Telephone Number of Applicant:

E-mail Address:

Amount of Grant Request:

- I. PROGRAM DESCRIPTION — Provide a brief description of the program including name and address. **Please also include the name of a contact person for the program.** (Please attach a brochure if available.)

- II. PERSONAL ESSAY — On a separate page, please submit a 200-300 word essay about your objectives in choosing this program. Include an explanation of the way that the program you have chosen will benefit you and how it fits within the framework of the Foundation's mission (see *Application Guidelines*).

- III. DURATION OF PROGRAM — List the starting and ending dates of the program.

- IV. PROGRAM COST: **(Please include the payment schedule if available and the name and address of the person at the program to whom payment should be made.)**

- V. PROJECT FUNDING — Has this grant proposal been submitted to any other source for funding? If so, when, and to whom? What is the status?

VI. OTHER INFORMATION — Please provide the following additional information:

A. Name of School (if not Shelter Island School):

B. Present grade level:

C. School activities:

D. Community activities:

E. Recent job experiences:

F. Have you previously received an individual grant from the S.I.E.F.? Yes: No:

Two letters of recommendation in support of the application are required of all applicants. If the applicant is of school age, at least one of the recommendations must be from a current teacher. Recommendations from parents or close relatives are not acceptable.

Grant recipients must provide a brief written description and appraisal of their program upon its completion. It is required that the recipient will share this information at the SIEF Fall Annual Meeting.

Applicant's Signature _____ Date _____

The above applicant, for whom I am responsible, has my permission to apply for and to accept, if awarded, a grant by the Shelter Island Educational Foundation. I have investigated this program and approve of my child's participation.

Name of parent/guardian _____

Signature _____ Date _____

I have reviewed this application and support this individual's participation in the proposed program.

Superintendent's/Principal's signature _____

Individual grant application _____ Date _____

N.B. Occasionally we may use photos taken during trips and activities made possible by the Educational Foundation, although we never display names with those photos. If you would rather not have your child's photo displayed on our website or on social media, please send an email to President@ShelterIslandEdFoundation.org.

CHECK LIST FOR S.I.E.F. INDIVIDUAL GRANT

It is important that your application be complete in order to receive consideration by the Grants Review Committee. Please use this check list to ensure that all required information is included.

General Information:

- _____ Date of application
- _____ Name of applicant
- _____ Date of birth
- _____ Name of Parent/Guardian
- _____ Address of applicant
- _____ E-mail address
- _____ Telephone number of applicant
- _____ Total amount of grant request

Program Description:

- _____ Name and description of program
- _____ Address of program
- _____ Name of program contact person
- _____ Contact phone #
- _____ Purpose of program

Personal Essay (200 to 300 words):

- _____ Explained how program agrees with SIEF's goals
- _____ Used specific examples
- _____ Explained how experience will benefit me
- _____ Checked essay organization and presentation including grammar, spelling and handwriting

Program Cost:

- _____ Duration of program
- _____ Total cost of program
- _____ Name and address of person at the program to be paid

Other Sources of Funding:

- _____ Name of source
- _____ Date of application
- _____ Status of application

Other Information:

- _____ Present grade level
- _____ School activities
- _____ Community activities
- _____ Recent job experiences
- _____ Letter of recommendation #1 (teacher)
- _____ Letter of recommendation #2

Signatures and Dates:

- _____ Grant applicant
- _____ Parent or guardian approval of application and program
- _____ Superintendent/School Principal