

SHELTER ISLAND EDUCATIONAL FOUNDATION, INC.

Individual Grant Application

Date:

Name of Student Applicant:

Date of Birth:

Name of Parent/Guardian:

Address of Applicant:

Telephone Number of Applicant:

e-mail Address of student (if applicable):

e-mail address of parent:

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 digital brochure or web link if available.)

- II. PERSONAL ESSAY — Please attach a 200-300-word essay to this document. Please tell the committee why you chose this program, how it will benefit you, and how it fits within the framework of the Foundation's mission. Parents of young children, please explain how your child will benefit, including his or her "voice"/input when possible.

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 (if applicable):

F. Have you previously received an individual grant from the S.I.E.F.?

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. Instruct recommendation writers to put the student's name in the subject line and send via email to: info@ShelterIslandEdFoundation.org

At the end of the program, please provide a brief description and evaluation of the program to make an annual presentation of the S.I.Educational Foundation.

Statement: The applicant for whom I am responsible has my permission to apply and accept SIEF funds. I have researched this program and approve of my child's participation.

Parents/Guardian accepting responsibility:

Please submit this completed application to:
info@ShelterIslandEdFoundation.org

Shelter Island School students should send a copy
to: brian.doelger@shelterisland.k12.ny.us

Students of other schools should copy their school principal.