



P.O. Box 473  
Sussex, WI 53089-0473

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HEF@hamiltoneducationfoundation.org  
www.hamiltoneducationfoundation.org

Action: \_\_\_\_\_  
Date: \_\_\_\_\_  
Contract # \_\_\_\_\_

## 2018-2019 Common Grant Application (Students)

Applicant's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Telephone \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Grant Applying For: (check one)  
 Gerald Schmitz Student Grant for Ventures in Education  
 2019 STARS Grant for Students

Project/Activity Title \_\_\_\_\_

Teacher or Adviser \_\_\_\_\_

Amount Requested \_\_\_\_\_ Number of Students Involved \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's or Adviser's Signature \_\_\_\_\_ Date and Time Application Received \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date and Time Application Received \_\_\_\_\_

1. Please use the following address for ALL grant-related emails: [grants@hamiltoneducationfoundation.org](mailto:grants@hamiltoneducationfoundation.org)
2. Additional information can be found in the **Criteria for Written Proposals (Students)** or by contacting Peggy Youngblood ([grants@hamiltoneducationfoundation.org](mailto:grants@hamiltoneducationfoundation.org) or 262-391-3346).
3. Complete this page with all of the signatures and dates and time. After obtaining signatures, **scan the document and email** to [grants@hamiltoneducationfoundation.org](mailto:grants@hamiltoneducationfoundation.org).
4. Also, send the original of the application to:

Peggy Youngblood  
Chair, Grant Review Committee  
Hamilton Education Foundation Mailbox  
HSD Administrative Office

OR

Chair, Grant Review Committee  
Hamilton Education Foundation  
P.O. Box 473  
Sussex, WI 53089

## **Gerald Schmitz Student Grant for Ventures in Education Application**

*(Use as much space as needed for your answers.)*

**Applicant(s) Name:**

**Project Title:**

- 1. Please describe your Student Grant for Ventures in Education project in detail.**
- 2. Discuss the objectives of your Student Grant for Ventures in Education project.**
- 3. Discuss why you think there is a special need for this project. Include the future impact of your project.**
- 4. Relate the program of activities and timeline that you have planned for this Student Grant for Ventures in Education project.**
- 5. Relate activities from this experience that you will share with classmates in this area of interest when you return to your classroom at your school.**
- 6. Relate activities of your project that will indicate you have met your goals.**

- 7. How will you share your unique experiences with the community?**
  
  
  
  
  
  
  
  
  
  
- 8. For Adviser: Briefly state why this student should receive this Student Grant for Ventures in Education. Please present your testimonial and/or endorsement.**
  
  
  
  
  
  
  
  
  
  
- 9. The Student Grant for Ventures in Education Grant offers up to \$1,500 for a project. Where have you gone or who have you asked for funds for this project other than HEF?**
  
  
  
  
  
  
  
  
  
  
- 10. Detail your budget for your project. Include all of the educational expenses involved in this project. Do not include transportation, shipping costs, hotel and food. Be specific about your requests by listing number, titles, description, unit cost, total cost, etc. Please use the attached expense form.**

## Budget Expenses for Project

Please be as detailed as possible on this form.

Note: When the Hamilton Education Foundation, Inc. Board of Trustees reviews applications for grants, all items recorded under Budget Expenses for the Project that are not educationally related, such as food, transportation, hotel expenses, shipping expenses and/or general fees will not be considered for granting monies for the project.

QTY	Description	Type	Unit Cost	Total Cost
			<b>TOTAL</b>	

Type: E=Equipment; M=Materials; P=Personnel; S=Supplies