

DR. MARTIN LUTHER KING, JR. MEMORIAL GRANT APPLICATION FOR FUNDING

GUIDELINES FOR APPLICATION:

Grants for the Dr. Martin Luther King, Jr. Memorial Grant are awarded according to the following guidelines:

1) CHARACTERISTICS OF FUNDED ACTIVITIES INCLUDE:

- a. The activity provides a very stimulating and educational experience for the group or individual.
- b. The activity should be academically related.
- c. The activity must be one where other funds are not immediately available.
- d. The activity must have potential value for enriching the lives of other students in the district if others were to attend/participate in the future.

2) OTHER CHARACTERISTICS THAT ARE CONSIDERED:

- a. The activity should be co-sponsored by the Gary Educational Development Foundation, Inc., the Gary Community School Corporation, and/or other agencies.
- b. The applicant should be an active participant in a national, local, or international program designed to promote academic achievement, leadership potential, or human relations.

3) RESTRICTIONS ON GRANT FUNDS FOR ACTIVITIES:

- a. *A grant is expected to pay only a limited part of the total cost of participation in an activity. It should be considered as a supplement to funds from other sources.*
- b. *Requests for grant funding should be submitted at least four (4) weeks before the event/activity is scheduled to take place.*

RETURN COMPLETED GRANT APPLICATIONS TO:

Gary Educational Development Foundation, Inc.
Mrs. Delphia Shelton, Grant Review Committee Chairman
P.O. Box 641257 | Gary, IN 46401-1257

OR EMAIL TO:
chaney1@garycsc.k12.in.us
ATTN: Grant Review Committee

GARY EDUCATIONAL DEVELOPMENT FOUNDATION, INC.
P.O. Box 641257 | Gary, IN 46401-1257 | Phone: (219) 881-5482

**DR. MARTIN LUTHER KING, JR. MEMORIAL GRANT
APPLICATION FOR FUNDING**

Name of Applicant: _____ School: _____

Sponsoring Organization/Institution: _____

Date of Activity: _____ # of People Involved: _____ #of Students Involved: _____
(Please attach a list of student names involved)

Description of Activity (attach supporting documents): _____

Main Value Expected From Participation: _____

Total Cost of the Activity: _____ Amount Requested: _____

List Sources/Amounts of Funding OTHER than those requested through this grant:

- | | | |
|--|----|----------|
| 1) Sponsoring Organization/Institution | \$ | _____ |
| 2) Family | \$ | _____ |
| 3) Fundraising Activities | \$ | _____ |
| 4) Others | \$ | _____ |
| TOTAL FROM LISTED SOURCES: | | \$ _____ |

Additional Comments/Explanations: _____

Applicant's Signature

Date

Sponsor's Signature

Date

Principal's Signature

Date

Telephone Number

FOR GEDF USE ONLY:

Approved: _____ Amount: \$ _____

Date Received: _____

Not Approved: _____

Remarks: _____

DR. MARTIN LUTHER KING, JR. MEMORIAL GRANT
CHECK LIST

PRINCIPAL'S SIGNATURE	<input type="checkbox"/>
SPONSOR/APPLICANT SIGNATURE	<input type="checkbox"/>
LIST OF STUDENT NAMES	<input type="checkbox"/>
PROJECT DETAILS	<input type="checkbox"/>
PROJECT BUDGET	<input type="checkbox"/>
SUPPORTING DOCUMENTATION	<input type="checkbox"/>
CONTACT NAME, TELEPHONE NUMBER AND E-MAIL ADDRESS	<input type="checkbox"/>

Submit your budget using this form: <https://form.jotform.com/240246794410151>

Note: Please make sure ALL items are included prior to submitting this application.