

# Winter Park High School Foundation Grant Application

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## Student Organization Contact Information

Student Organization Name	
Faculty Advisor	
E-Mail Address	
Primary Telephone Number	

## Need

Tell us about your financial need. If awarded, how would this grant be used?

## Other Fundraising Efforts

What other fundraising efforts has your group undertaken or planned to address this need? Results?

## Winter Park High School Foundation Mission

If awarded, how would this grant help further the mission of the Winter Park High School Foundation?

## Other Material Information

Please provide any additional information that you think would be helpful to know as we consider your application.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I affirm that if my group is awarded a Foundation grant, it will be used as outlined in this application. Finally I affirm that my group understands that any false statements, omissions, or other material misrepresentations made by me on this application can result in sanctions for our group, including its termination.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities to all sanctioned student groups who complete a timely grant application and to select grant recipients without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in a Winter Park High School Foundation Grant.

**\*Submission Deadlines: Fall Grant- Last of September   Spring Grant- Last Day of February**  
**\*Grants will be voted on by the Board of Trustees and disbursed in October and March**