



Grant Application

Helen A. Hampl Student Aid Fund

Fall 2011

General information

Student Name: _____ Grade: _____

Parent or Guardian Name: _____

Teacher Name: _____

Teacher Telephone: _____ Email: _____

School Name and Address: _____

Amount requested: \$ _____ Date funds needed: _____

Grant purpose: *The purpose of the Helen A. Hampl Student Aid Fund is to aid students enrolled in preschool and grade school in Russell County, KS, who need assistance in order to obtain their education. Students will be nominated for grants from the fund by their preschool and grade school teachers.*

Please describe what the grant will be used for (school fees, school supplies, etc.):

Grants are reserved for preschool and elementary students who need assistance in order to obtain their education. Please tell us why this applicant needs assistance:

Grant checks are not written to the individual. Should a grant be awarded, to whom should we make out the check (school, organization)?

Name Address

Employer Identification Number (EIN) of the named above (required) _____

I state that everything in this application is true to the best of my knowledge.

Date

Signature

Submit one copy of this application by October 15, 2011 to the Russell County Area Community Foundation, PO Box 172, 507 N. Main Street, Russell, KS 67665 or email RCACF@eaglecom.net. Telephone: 785-445-3611.