



## APPLICATION

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Check should be made payable to:

Organization name: \_\_\_\_\_

Organization address: \_\_\_\_\_

Organization contact person: \_\_\_\_\_

Date Funds needed by: \_\_\_\_\_

Purpose: \_\_\_\_\_

Description of student involvement in activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Contact: \_\_\_\_\_

Facility Recommendation: \_\_\_\_\_

\*The Dripping Springs Education Foundation respects your privacy and will take reasonable and necessary measures to protect the information and documents you provide to us. The information you submit in this application or on any supporting document provided to the Dripping Springs Education Foundation will be treated as confidential information.

