



Circleville City School Foundation

Youth Education Program & Camp Grant Application

(maximum grant \$500)

A. Basic information on Student making application, amount, and camp, activity, or program

Name of Student:		
School you attend:		
Student Address: <i>(include street and city information)</i>		
Student Telephone:		
Student email:		
Dates:	Application Date:	Camp, Activity or Program Date:
Name of camp, activity or program funds are requested for:		
Location of camp, activity or program:		
Total amount you are seeking:	\$	
Total cost of the activity:	\$	
<p><i>Note: Grants are paid directly to the camp/activity or educational program and not to the individual requesting the grant. Be sure to include the details of where to submit payment if awarded this grant.</i></p>		
<p><i>Name of camp/organization:</i></p>		
Signature of Student: <i>required</i>	x	
Signature of Parent or Guardian if under 18: <i>required</i>	<p>By signing this application, I am aware that my son/daughter has requested these funds and I support his/her attendance.</p> <p style="text-align: center;">x</p>	

B. Details of Camp, Activity, or Program

Complete the following 2 questions as fully as possible. If completing online, the box will expand as you type to accommodate your responses. Otherwise, print form and If additional space is needed, attach additional pages.

- 1. Provide a brief description of the opportunity of the program or grant you wish to attend. Please include a current flyer, brochure or information available from the internet about the program or camp. This is an important aspect of evaluating the activity and understanding your hope of attending it.**

- 2. Describe why you want to attend this program. Include why this opportunity appeals to you and how the grant will help you meet future goals:**

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C. Teacher Recommendation/Endorsement

This application requires a teacher recommendation. Applicant must supply the teacher's name and email and the Scholarship Committee will seek his/her recommendation.

Teacher's Name for Recommendation	
Teacher's email:	
Teacher's Signature <i>(required)</i>	x

D. Application Process

Students who are attending a Circleville City District School, or have graduated from a Circleville City District School, are eligible to apply for this Grant.

Applications can be made at any time during the year. Considering that many applications are time-sensitive, please submit at least 2 weeks prior to the registration deadline to give the CCSF Foundation time to review and seek teacher recommendation.

Awarding of this grant includes an invitation to make an in-person presentation or a written report to the Circleville City School Foundation (CCSF) Board following the experience. CCSF meets the first Thursday of each month (except for July) at the School District offices.

Complete Section A with signatures, and Section B with details. Attach background information on camp, activity, or program to this form before submitting completed application to:

Circleville City School District
Attn: Circleville City School Foundation
Scholarship Committee
388 Clark Drive, Circleville, OH 43113

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Or deliver by hand to the District Office, or Circleville High School Main Office.

E. CCSF Approvals (Foundation only)

This Project/Grant Application has been reviewed by the Circleville City School Foundation Scholarship Committee.

This application has been approved Yes No

Date of Committee Approval: _____

Signature of CCSF Scholarship Committee Chair

Date

Date of Full Board Approval: _____

Signature of CCSF Chair

Date

xc: CCSF Treasurer
Applicant(s)