



# MSD Staff Request for Funds Application

*The Mission of the Maryland School for the Deaf Foundation, Inc. is to raise money to provide scholarships and resources that enhance the education of MSD students. The Foundation seeks to stimulate awareness about MSD through community involvement while acting as a responsible solicitor and prudent manager of assets created by charitable gifts, bequests and fundraising.*

## **PLEASE FILL OUT ALL OF THE FOLLOWING INFORMATION INCOMPLETE FORMS WILL NOT BE PROCESSED**

Once all information is submitted, there is a verification period. We will contact you with the results and the amount of the allocation, if applicable. You are responsible for the balance of program fees above the scholarship amount. Should grantee not participate in the program requested, all monies must be refunded to the MSD Foundation no later than two weeks after scheduled program start date.

**Use this form for staff requests only (books, educational supplies or services, etc.) If request includes funding for specific students, the Student Request for Funds Application must be completed.**

### **APPLICATION DEADLINES**

Must be received 6 weeks prior to funding deadline

**Date:** \_\_\_\_\_ *(Application must be received 6 weeks prior to funding deadline)*

**Contact Name:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone/TTY:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_

**Monetary Amount Requested: \$** \_\_\_\_\_ **Cost of Program: \$** \_\_\_\_\_

**Program Start Date:** \_\_\_\_\_ **Program End Date:** \_\_\_\_\_

ADDITIONAL SHEETS OF PAPER MAY BE USED FOR QUESTIONS

**1. Purpose of Request:** (Interpreting Expense, Educational supplies, field trip, etc.)

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**2. How many MSD students will benefit from the funds? How will student[s] benefit?**

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**3. Is this a new project, an enhancement of a current project, or continuation of an existing project?**

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**4. How does this project help to meet the Maryland School for the Deaf's Mission?**

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**5. Are there other grants/scholarships or financial resources available for this program? CIRCLE:**  
*YES NO*

- **If yes, who have application[s] been submitted to?**

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- **If applicable, list name of organization & the amount of funds received:**

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**6. Briefly describe any additional information that the MSD Foundation's Board of Directors can use in reviewing your application:**

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**I certify that the above information is accurate and complete to the best of my knowledge. I give the MSD Foundation, Inc. permission to verify all of the above information. I understand that any incorrect information will result in immediate termination of this request.**

Contact Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Check List**

- Application Completed
- Additional Sheets of Paper Attached (If Used)
- Application Signed by Contact and Superintendent
- Completed Application Mailed to MSD Foundation

**Mail Completed Application to:**

**MSD Foundation  
c/o Scholarship Committee  
P.O. Box 636  
Frederick, MD 21705**

For more information about the Maryland School for the Deaf Foundation, please visit our website: [www.MSD-Foundation.org](http://www.MSD-Foundation.org)

**By making a monetary donation to the MSD Foundation or by participating in our fundraising endeavors (Annual Golf Tournament & 5K Run/Walk) you can help the MSD Foundation continue to support student success at the Maryland School for the Deaf!**