



Student 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 COMPLETE ALL INFORMATION
INCOMPLETE FORMS WILL NOT BE PROCESSED!**

****ONE APPLICATION PER STUDENT****

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 funded 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.

APPLICATION DEADLINES

Must be received 6 weeks prior to funding deadline
LATE APPLICATIONS WILL NOT BE PROCESSED!

****FINANCIAL INFORMATION IS REQUIRED FOR ALL APPLICATIONS****

Mail Completed Application Form to:

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

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

Student Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone/TTY: _____ Email Address: _____

Date of Birth: _____ Grade: _____ Campus: _____

Name of Program: _____

Monetary Amount Requested: \$ _____ Cost of Program: \$ _____

Date Payment is Due: _____ (if applicable)

Program Start Date: _____ Program End Date: _____

Additional sheets of paper may be used for questions.

1. Purpose of Request: (Interpreting Expense, Camp Tuition, Scholarship, Educational supplies, etc.)

2. Briefly explain how you will benefit from this program.

3. Briefly describe any additional information that the MSD Foundation's Board of Directors can use in reviewing your application. (i.e. including, but not limited to, community involvement, outside interest, academic excellence, special needs, etc.)

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

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

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

***** ADDITIONAL INFORMATION REQUIRED *****

- Please submit, with completed application, one letter of recommendation. Letters of reference may include a MSD staff member and/or employer or SSL employer. Family members are not acceptable.
- If applicable, proof of program enrollment. (i.e., copies of acceptance letter to program, canceled check for registration/tuition fees, etc.)

Signature of Parent/Guardian: _____ Date: _____

Financial Information

**TO BE COMPLETED BY A PARENT OR GUARDIAN OF STUDENT
(This information is required for all applications)**

IF FUNDS REQUEST IS DUE TO A FINANCIAL HARDSHIP, CHECK HERE 

**PLEASE INDICATE HOW MUCH MONEY THE FAMILY WILL BE ABLE TO PAY
TOWARDS THE COST OF THE PROGRAM: \$ _____**

Name of Student: _____
Name of Program: _____
Monetary Amount Requested: \$ _____
Name of Parent/Guardian: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Name[s] & Age[s] of Children: _____ _____
Monthly Household Wages (Including your wages & spouse or other) _____
Monthly Child Support: _____ Other (SS, SSDI, Welfare, etc.): _____
Are there any special circumstances that need to be taken into consideration? (i.e., both parents in school, recent loss of income, family emergency/illness, etc.) _____ _____ _____

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.

Parent/Guardian Signature: _____

Date: _____

Good Standing Form

To be completed by Student:

Name: _____

**** Deadline for Form to be returned to the MSD Foundation _____**

I am applying for MSD Foundation funds to/for:

To be completed by Vice Principal: (If needed, additional sheets of paper may be attached to this form.)

Date form was submitted to you by student: _____

1. Is student in good standing academically? Circle: **YES** **NO**

If no, please give a brief description.

2. Is student in good standing in attendance? Circle: **YES** **NO**

If no, please give a brief description.

3. Is student in good standing in regard to disciplinary measures? Circle: **YES** **NO**

If no, please give a brief description.

4. Any additional information that you would like the Board of Directors to consider when reviewing this student's Request for Funds Application?

Signature of Vice Principal _____ **Date** _____

PLEASE RETURN COMPLETED FORM IN A SEALED ENVELOPE TO THE
MSD FOUNDATION'S MAIL BOX IN THE AMBROSEN BUILDING.

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM!



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Check List

- Application Completed
- Additional Sheets of Paper Attached (if used)
- One Letter Of Recommendation Attached
- Proof of Enrollment Attached (if applicable)
- Financial Information Completed
- “Good Standing Form” Given to Vice Principal
- Application Signed by Parent/Guardian
- Completed Application Mailed to MSD Foundation

Questions about your Application?

Please contact Gwena West, Program Coordinator
Gwena.MSDF@comcast.net

For more information about the Maryland School for the Deaf Foundation,
please visit our website: www.MSD-Foundation.org

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