



# 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 PROGRAM PER STUDENT\*\***

Grantee should apply for any available program scholarships prior to applying to MSDF. Where early bird discounts are offered on program fees, the maximum MSDF will consider is the amount of the early bird fee. 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.

**\*\*APPLICATION DEADLINES\*\***

MSDF will accept applications between 1 September and 1 June and all must be received six weeks prior to program funding deadline.

**\*\* MULTIPLE APPLICATIONS\*\***

When grantee requests funds for more than one program the first application will be considered on receipt. If allocation is granted subsequent applications from the grantee cannot be considered until after June 1<sup>st</sup> in order to ensure fair allocation distribution.

**\*\* FAILURE TO ATTEND PROGRAM\*\***

Should grantee not participate in the program requested, it falls to the grantee to notify the program organizers and MSDF. All monies must be refunded to the MSD Foundation no later than two weeks after scheduled program start date. Additional requests from the grantee will not be considered until funds from unattended program have been refunded to MSDF.

Mail or Email Completed Application Form to:

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

**[sarah@msd-foundation.org](mailto:sarah@msd-foundation.org)**

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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone/TTY: \_\_\_\_\_ Parent 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:** (Camp Registration, Scholarship, Educational supplies, Interpreting Expense etc.)

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

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**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.)

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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?

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

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**\*\*\*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.
- Proof of program enrollment. (i.e., copies of acceptance letter to program, canceled check for registration/tuition fees, etc.)
- Any documentation you may have regarding the program, payment options, address, etc.

I certify that the above information is accurate and complete to the best of my knowledge. I accept responsibility to refund MSD Foundation, Inc. the full amount of the award granted, in the event that the student named above fails to attend the program listed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Financial Information

**TO BE COMPLETED BY A PARENT OR GUARDIAN OF STUDENT  
IF FUNDING REQUEST IS DUE TO FINANCIAL HARDSHIP.  
PLEASE INDICATE HOW MUCH MONEY THE FAMILY WILL BE ABLE TO  
CONTRIBUTE 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 in Household :**  
\_\_\_\_\_

**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. I accept responsibility to refund MSD Foundation, Inc. the full amount of the award granted, in the event that the student named above fails to attend the program listed.

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 IN THE VEDITZ BUILDING.

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM!



# Student Request for Funds Application

## Check List

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

### **Questions about your Application?**

**Please contact Sarah-Jane Flook, Program Coordinator  
[sarah@msd-foundation.org](mailto:sarah@msd-foundation.org)**

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 & Annual Giving Campaign) you can help the MSD Foundation continue to support student success at the Maryland School for the Deaf!**