



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 should 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: \$** _____

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, Educational supplies, field trip, etc.)

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

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

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

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?

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

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

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: _____

Principal/Ass't Principal Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Check List

- Application Completed
- Additional Sheets of Paper Attached (If Used)
- Application Signed by Contact, Principal (or Assistant Principal) and Superintendent
- Completed Application Sent to MSD Foundation

**PLEASE GET ALL SIGNATURES BEFORE FORWARDING TO
MSD FOUNDATION!!**

Mail Completed Application to:

**MSD Foundation
P.O. Box 636
Frederick, MD 21705**

**(or use “Veditz” mailbox in
Ambrosen Bldg)**

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!