



# Student Request for Funds Application

MARCH 2023

*The Maryland School for the Deaf Foundation, Inc. mission 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. If early bird discounts are offered for 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. You are responsible for the balance of program fees beyond the funded amount.

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

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

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

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

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

Should the student not participate in the program requested, you are responsible for notifying the program organizers and MSDF. All monies must be refunded to the MSD Foundation within two weeks after the scheduled program start date. Additional requests will not be considered until the funds have been refunded to MSDF.

Mail completed form to:  
**MSD Foundation, Inc.**  
**c/o Scholarship Committee**  
**P.O. Box 636**  
**Frederick, MD 21705**

Or email: [info@msd-foundation.org](mailto:info@msd-foundation.org)

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

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

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

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

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

Phone (VP or TTY?): \_\_\_\_\_ Parent 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:** (Camp registration, scholarship, educational supplies, interpreting expenses, etc.)

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**2. Briefly explain how the student will benefit from this program.**

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**3. Briefly describe any additional information that the MSD Foundation can use in reviewing your application.** (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, where 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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**REMINDER: REQUIRED DOCUMENTS**

- One letter of recommendation. Letters of reference may include an MSD staff member and/or employer or SSL employer. Letters cannot come from relatives.
- Proof of program enrollment. Examples: acceptance letter to program, canceled check for registration/tuition fees, etc.
- Any documentation about 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: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

# 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 CAN CONTRIBUTE  
TOWARDS THE COST OF THE PROGRAM: \$ \_\_\_\_\_**

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

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

**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:**

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**To be completed by Assistant 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.**

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

**If no, please give a brief description.**

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

**If no, please give a brief description.**

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

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**Signature of Vice Principal \_\_\_\_\_ Date \_\_\_\_\_**

PLEASE RETURN COMPLETED FORM IN A SEALED ENVELOPE TO THE  
MSD FOUNDATION IN THE AMBROSEN 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 Assistant Principal
- Application Signed by Parent/Guardian
- Completed Application Mailed or emailed to MSD Foundation

**Questions about your application?**

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

For more information, please visit [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 Fundraiser & Annual Giving Campaign) you can help the MSD Foundation continue supporting student success!*