



**Staff
Request for Funds
Application
2024-2025 School Year**

The mission of the Maryland School for the Deaf Foundation, Inc. is to raise funds that provide scholarships and resources to enhance the education of MSD students. The Foundation also seeks to raise awareness about MSD through community involvement, while acting as a responsible steward of the assets created by charitable gifts, bequests, and fundraising efforts.

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

The application **must** be received 6 weeks prior to the funding deadline.

Once all information is submitted, a verification period will follow. We will contact you with the outcome and, if applicable, the amount of the allocation. You will be responsible for any program fees that exceed the scholarship amount. If the grantee does not participate in the requested program, all funds must be refunded to the MSD Foundation no later than two weeks after the scheduled program start date.

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

****Submit application digitally.** The Foundation prefers to receive all documents digitally. Please ensure that all documents are scanned (not photographed) and submitted as PDF files. Submit all materials in a single email to info@msd-foundation.org.

STAFF REQUEST FORM APPLICATION ON THE NEXT PAGE

Date Submitted: _____ **Must be received 6 weeks prior to the funding deadline.**

Department: _____

Campus: Frederick Columbia

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Phone _____ Text VP Voice Email: _____

Name of Program: _____

Program Website: _____

Program Contact Name and Email or Phone (if applicable):

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

Deadline for Program Payment (if applicable): _____

Have you paid the program fees yet? YES NO

Program Start Date: _____ Program End Date: _____

Application continued on the next page.

ADDITIONAL SHEETS MAY BE USED TO ANSWER THE QUESTIONS

- 1. Purpose of Request:** (Interpreting expenses, educational supplies, field trip etc.)

- 2. How many MSD students will receive support from the funds, and in what ways will they benefit?**

- 3. Is this a new project, an enhancement of a current project, or continuation for 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 has 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 the above information. I understand that any incorrect information will result in immediate termination of this request.

Contact Name Signature: _____ **Date:** _____

Principal/Assistant Principal Signature: _____ **Date:** _____

Superintendent's Signature: _____ **Date:** _____

CHECKLIST OF WHAT TO SUBMIT TO THE FOUNDATION

- Completed application with additional sheets if needed
- Proof of program enrollment & proof of any payment (if applicable)

**Please send all documents and questions to info@msd-foundation.org.
For more information, visit www.msd-foundation.org**

Your monetary donation to the MSD Foundation or participation in our fundraising campaigns help us continue supporting student success!