

GF Nation Fund, Inc.
Grant Application Form

Mission Statement: To enhance the development of the students of the Glens Falls School District through financial support of its extra-curricular activities.

In the case of the District, the funds are distributed only for projects that are considered to be outside of the normal operational school budget.

Submit by May 15th and November 1st for June and December distribution.

Person Requesting Funds: _____ Title: _____

Date: _____

Email Address: _____

Amount Requested: _____

Number of People Benefiting: _____

Begin Date: _____ Completion Date: _____

Description of the project or activity-Attach separate page if necessary

The applicant gives assurance that:

1. The activities and services for assistance sought will be administered by or under the supervision of the applicant.
2. Funds received will be used in accordance with the request.
3. A final written report and accounting as to how the funds were used will be submitted within 30 days of the completed project.
4. The applicant recognizes that the Fund reserves the right to withhold or recover grant funds in case funds are, or appear to be, misused.
5. All publicity associated with this project will indicate the funding was provided by the GF Nation Fund.

Applicant: _____ Date: _____

School Administrator: _____ Date: _____

Superintendent: _____ Date: _____

Email completed form to gfnationfund@gmail.com or mail to 21 Dix Avenue, Glens Falls, NY 12801