



Grant Title _____

Discipline _____

Date Received _____

Student Signature _____

The Hamilton Family Foundation Student Achievement Grant Request Form

Name _____ Date _____

E-mail _____ Phone _____

Grant amount requested \$ _____

Lead Instructor Signature _____

Please complete the following:

Write a one or two sentence about your journey to this audition.

How will this impact your education and future plans?

Please provide an estimated cost for this grant and any matching funds.

- The Hamilton Family may request **additional information** if it is deemed necessary.
- If your grant is approved, you will need to provide **proof of attending** within 30 days of receipt of grant and a **photo** from the event. Failure to do so could result in no future funds being awarded.
- Must include **ALL** requested information to be considered for funding.

Questions, contact Mimi Dickinson at 240-347-4934 or mimid@barbaraingramfoundation.org