THE MARTIN-JOHN LAFOLEY FOUNDATION

Application for Award Grants

To Apply for an Award Grant, please fill out the form below and mail to:

Martin-John LaFoley Foundation

P.O. Box 1763

Meredith, NH 03253

Questions?? Contact Beverly LaFoley -- trustees@mjfoundation.org

The Trustees and Advisory Committee of the Martin-John LaFoley Foundation require the following information in order to determine eligibility of each applicant for financial aid under the Foundation's Enrichment Award's Program. Please complete all items.

PLEASE NOTE: No Trustee or Employee of the Foundation or of any related entity, nor any member of the family of such individual, is eligible to receive any grant from the Foundation. The Foundation in making grants, does not discriminate on the basis of race, color, creed, sex or national or ethnic origin.

Applicant Name:			
Address:			
City:	State:	Zip Code:	
Telephone:()			
Date of Birth:			
Place of Birth:			
Mother's Name:			
Mother's Occupation:			
Mother's address:			
Father's Name:			
Father's Occupation:			

Father's address:
List Siblings and Ages:
Schools Attended:
Current Grade: As of (date):
Name of current Guidance Counselor:
Additional Schools or Programs Attended:
Program
What school or program has accepted you for admission: Give the Complete Name, Address, and a Brief Description of the program
Name of the Program Director:

Benefit
How Will This Particular Program Personally Benefit You
Ability
Describe Your Current Level of Skill in the Area
Please list Names and Addresses of Any Teacher, Coach Or Instructor From Whom We may Attain Information About Your Ability

Character Reference

Please list the names of 1 current teacher/old) from whom we will be receiving a character reference via email to	aracter reference. Please request that
trustees@mjfoundation.org.	
Goal	
Write a Brief Paragraph Telling Us a Littl Your Goals, Challenges, and Interests.	e Bit About Yourself;
To the best of my knowledge, the above s	statements are accurate and true.
Name:	Date:
a:	

Financial Information:

Applicant Name:		
Family Annual Incom	ne:	
Father's Income:	Mother's Income:	
Please Include Alimo	ony and Child Support if Applicable:	
Other Resources:		
	or is currently receiving support from other programs, nies in any formPlease Explain.	
Is there a possibility of	of Matching Funds From Any Source	
Please List All Progra	am Costs For Which You Are Applying This Grant	
I agree that these stat	ements are true and accurate	
Date:	Printed Name:	_
Signature (Parent/Gu	ardian if applicable):	_