Callie Golden Foundation Grant Application

Callie Golden
Foundation

STUDENT INFORMATION

Name: ______________________________ Date of Birth: ____________________

Street address: ____

City / State / ZIP: ____

PARENT OR LEGAL GUARDIAN INFORMATION

Name: ______________________________ E-mail address: ______________________________

Address: ____

Phone number: ______________________________ Relationship to student: ____________________

MEDICAL INFORMATION

Diagnosis (if applicable): ____

Name, professional title, and contact info for person who can confirm student's needs/diagnosis:

____

Can we contact medical providers? Yes ____ (USE OTHER SIDE OF THIS FORM TO GRANT PERMISSION) No _____

SCHOOL INFORMATION

Student's current school ____

Student's current age and grade ________ Will student attend same school next year? ______________

If not, what school will the student attend? ____

Name / contact info for principal / head of school: ____

STUDENT NEEDS

What does the student need and how would meeting this need impact his or her quality of life in school?

____

____

Grant money requested (approximation): ____

Would you accept a partial grant if full request can't be awarded? ______________________________

Signature affirming the above is complete and accurate: ______________________________

Today's date: ____________________ **Questions**? Email hello@calliegoldenfoundation.org.

Disclaimers: Additional information may be needed. Funds will be distributed to the school or company that provides what the child needs. Money will never be distributed directly to the applicant or student. Photos of the child can be used for the Callie Golden Foundation website and other promotional material unless the parent or guardian specifically asks them not to be. Award of a grant doesn't guarantee admission to any particular school. By submitting this application, you agree to allow us to contact you and any other professional, school or company involved with the child's care/grant request. Grants based on available funds. Student must be a resident of or receive educational services in Guilford County. Students must range in age from birth to 18 years.

Authorization to Communicate with Outside Agencies/Individuals

I, ______________________________________, voluntarily give the Callie Golden Foundation permission to contact the agencies and/or individuals listed below. I give the Foundation permission to ask for and receive information from these agencies/individuals about my child's diagnosis and/or health care plan. I understand the Foundation will seek only information that is pertinent to my grant application and will not share this information with any other entity.

This authorization will expire one year from today's date as printed below.

Student's name: ____

Parent or legal guardian (representative): _______________________________________

Signature: ____

Today's date: ____

Agencies / individuals that the Callie Golden Foundation can contact:

Agency / individual's name: ______________________________________ Phone: ________________

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PLEASE MAIL COMPLETED FORM TO:

Callie Golden Foundation
P.O. Box 6226
High Point, NC 27262
www.calliegoldenfoundation.org