



WPHS Student Organization Name	
WPHS Faculty Advisor	
Student (s) Spearheading Initiative	
Student (s) Spearheading Initiative	
Email Address	
Primary Telephone Number	

#### Need

Tell us about your specific financial need. Provide a brief description, purpose, and desired outcome of your request and how it will serve the WPHS community. What amount of funding is being requested and how will those funds be spent?

# **Other Fundraising Efforts**

What other fundraising efforts has your group undertaken or planned to undertake to address this need? Explain the results of these efforts.

#### **Winter Park High School Foundation Mission**

The WPHS Foundation was established in 1992 as a 501(c)3 organization to provide additional support to WPHS to bridge the gap between county and state educational funding. Its sole purpose is to provide additional financial support for the educational, extracurricular, and athletic needs of WPHS and its students and is dedicated to preserving the tradition of excellence at WPHS. We want to maximize every student's educational experience and help satisfy unmet resource needs.

Please explain how your request/need for funding will contribute to the WPHS Foundation mission as well as the mission of your group. If awarded, how would this grant help further the mission of the Winter Park High School Foundation?

#### **Other Material Information**

Provide any useful information, such as other group accomplishments, that may be helpful as we consider your application.

### **Reflection and Accountability**

If rewarded, we ask that you submit an email summary reflection on how the grant funds were used. Include any photos, receipts, results, or challenges the group faced to the WPHS Foundation email address, info@wphsfoundation.org within a calendar year or sooner of receiving the grant. Please sign below that you acknowledge this requirement.

Name (printed)	
Signature	
Date	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I affirm that if my group is awarded a Foundation grant, it will be used as outlined in this application. Finally, I affirm that my group understands that any false statements, omissions, or other material misrepresentations made by me on this application can result in sanctions for our group, including its termination.

Name (printed)	
Signature	
Date	

### **Our Policy**

It is the policy of this organization to provide equal opportunities to all sanctioned WPHS student groups who complete a timely grant application and to select grant recipients without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

#### **Grant Submission Deadlines**

- 1. Please submit completed grant application to: <a href="mailto:info@wphsfoundation.org">info@wphsfoundation.org</a>.
- 2. Annual Submission Deadlines:
  - Fall Grant Submission Deadline: 3rd week of September
  - Spring Grant Submission Deadline: 3rd week of February
  - Grant applications will be voted on by the WPHS Foundation Board of Trustees and disbursed in October and March.

Thank you for completing this application form and for your interest in a Winter Park High School Foundation Grant.