

**DR. MARTIN LUTHER KING, JR. MEMORIAL GRANT  
APPLICATION FOR FUNDING**

**GUIDELINES FOR APPLICATION:**

Grants for the Dr. Martin Luther King, Jr. Memorial Grant are awarded according to the following guidelines:

**1) CHARACTERISTICS OF FUNDED ACTIVITIES INCLUDE:**

- a. The activity provides a very stimulating and educational experience for the group or individual.
- b. The activity should be academically related.
- c. The activity must be one where other funds are not immediately available.
- d. The activity must have potential value for enriching the lives of other students in the district if others were to attend/participate in the future.

**2) OTHER CHARACTERISTICS THAT ARE CONSIDERED:**

- a. The activity should be co-sponsored by the Gary Educational Development Foundation, Inc., the Gary Community School Corporation, and/or other agencies.
- b. The applicant should be an active participant in a national, local, or international program designed to promote academic achievement, leadership potential, or human relations.

**3) RESTRICTIONS ON GRANT FUNDS FOR ACTIVITIES:**

- a. *A grant is expected to pay only a limited part of the total cost of participation in an activity. It should be considered as a supplement to funds from other sources.*
- b. *Requests for grant funding should be submitted at least four (4) weeks before the event/activity is scheduled to take place.*

**RETURN COMPLETED GRANT APPLICATIONS TO:**

**Gary Educational Development Foundation, Inc.**  
**Mrs. Nellie F. Moore, Grant Review Committee Chairman**  
P.O. Box 641257 | Gary, IN 46401-1257

**OR FAX TO:**  
**(219) 886-6572**

**ATTN: Grant Review Committee**

**DR. MARTIN LUTHER KING, JR. MEMORIAL GRANT  
APPLICATION FOR FUNDING**

Name of Applicant: \_\_\_\_\_ School: \_\_\_\_\_

Sponsoring Organization/Institution: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ # of People Involved: \_\_\_\_\_ #of Students Involved: \_\_\_\_\_  
(Please attach a list of student names involved)

Description of Activity (attach supporting documents): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main Value Expected From Participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost of the Activity: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

List Sources/Amounts of Funding OTHER than those requested through this grant:

- |  |          |
|--|----------|
| 1) Sponsoring Organization/Institution | \$ _____ |
| 2) Family                              | \$ _____ |
| 3) Fundraising Activities              | \$ _____ |
| 4) Others                              | \$ _____ |
| TOTAL FROM LISTED SOURCES:             | \$ _____ |

Additional Comments/Explanations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Sponsor's Signature                      Date

\_\_\_\_\_  
Principal's Signature                      Date

\_\_\_\_\_  
Telephone Number

**FOR GEDF USE ONLY:**

Approved: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Not Approved: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_