



501(c)(3) Non-profit

hds foundation

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B.R.I.D.G.E.S. Grant Application

2024-2025





2024-2025 B.R.I.D.G.E.S. GRANT APPLICATION

Part 1

Instructions:

Please complete Part 1 of the B.R.I.D.G.E.S. Grant application by filling out all the required fields. Once you have finished, sign the application in the designated area and then scan the signed document. Part 1 must be submitted by **July 15th**. Send the scanned application to Liz Falk, Program Manager, at liz@hdsfoundation.org.

Part 2 of the Grant application is **due 10 days** after Part 1 has been submitted. If Part 2 is not submitted within this timeframe, the grant will be forfeited. If you have any questions or need further assistance, please contact Liz Falk at liz@hdsfoundation.org.

Applicant Information

1. Facilitator/Teacher's Name

Phone Number

Email

School Name

2. Facilitator/Teacher's Name

Phone Number

Email

School Name

3. ESE Director's Name

Phone Number

Email

4. Principal's Name

Phone Number

Email



Have you received funding in the past from the HDS Foundation?

- Yes
 No

Amount of funding requested (up to \$5000)

Please explain the specific needs of your students and how the proposed grant funding will be utilized to address these needs.

Class Demographics

Number of students in the program?

11th Graders:

Females ____

Males ____

Other ____

12th Graders

Females ____

Males ____

Other ____

Ethnicity of students in class (how many)

Asian ____

Black/African ____

American ____

Caucasian ____

Hispanic/Latin ____

Native American ____

Caribbean Indian ____

Other ____



Please check if completed.

- I have downloaded a copy of the B.R.I.D.G.E.S. Grant.
- I have read the B.R.I.D.G.E.S. Grant and acknowledge that I can carry out the program requirements.

Teacher Signature

Date

Principal's Signature

Date