

Grant Application

Instructions

- The *Mariposa Foundation* only accepts this form to submit grant applications; substitutes or modifications to the form will not be accepted.
- If you have any questions regarding completion of this grant application, send them via e-mail to Grants@Mariposa.Foundation
- Remember to thoroughly review the applicant stipulations at the bottom of the grant application; if you concur with these stipulations, sign and date the document.
- Not later than May 31st, send the following as e-mail attachments to Grants@Mariposa.Foundation:
 - o Completed/signed grant application in PDF format <u>only</u> (other formats will not be accepted) with your last name, first name and the application year appended to the file name.
 - o Current (within the last year) high resolution digital portrait photo (JPG or PNG format) of yourself.

		Applicant 1	Information		
Application Date					
Last Name		First Name		Middle Name	
Street Address					
City		State		Zip Code	
E-Mail Address			В	est Phone Number	
Date of Birth			Place of Birth		
Driver's License #		Issued By State		Last 4 of Social Security Number	
Are you a citizen of	the United States?]		
Are you at least 21	years old?				
If you answered NO to	o either of these qu	estions, you ar	e <u>not</u> eligible for	a Mariposa Founda	tion grant.
Have you received a	a Mariposa Founda	tion grant in	the past?		
If you answered YES	to this question, voi	u are not eligil	ble for a Marinos	sa Foundation grant.	

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Grant Request Information						
Grant Request (\$)	Date Funds Required					
Provide a short description of your life path to date, the core values that influenced you, and explain why you are worthy of receiving a <i>Mariposa Foundation</i> grant?						
	fication for the grant, to include explaining your propo d training program or activity and how it aligns with					
	ou would use the grant funds (e.g., tuition, certification in your journey on your long-term goal pathway beyon					

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Edu	ıcation & Training						
High School	<u> </u>						
Name	City State						
From To	Did you graduate?						
College/University							
Name	City State						
From To	Did you graduate?						
Program of Study	Degree						
Vocational School							
Name	City State						
From To	Did you graduate?						
Program of Study Certification							
Military Service							
Branch Specialty	From To						
Rank at Discharge	Type of Discharge						
If other than honorable, explain							
References							
Professional Reference (someone that knows you in a work related relationship)							
Full Name	Relationship						
Mailing Address							
E-Mail	Phone						
Personal Reference (someone that knows you in a non-work related relationship)							
Full Name	Relationship						
Mailing Address							
E-Mail	Phone						

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Applicant Stipulations & Signature

I certify that my answers in this grant application are true and complete to the best of my knowledge.

If this application leads to a grant, I understand that false or misleading information in my grant application may result in cancelling or rescinding the grant.

I understand and agree to the Mariposa Foundation conducting a background check to verify my identity.

I understand and agree the Mariposa Foundation grant can only be used for education and training programs and activities conducted within the United States, and the program or activity must be completed by the end of the following calendar year in which the grant is received.

I agree that if I receive a Mariposa Foundation grant, I will submit a Mariposa Foundation Post Grant Status Report by the end of the following calendar year in which the grant is received.

I agree to allow the Mariposa Foundation to use my picture and story in their charitable marketing materials, to include the Mariposa Foundation website.

Applicant Signature	 Date	

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