

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@DHMariposaFoundation.org
- 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@DHMariposaFoundation.org:
 - 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 Information | | | | | | | |
|-----------------------|--------------------------|--------------------|---------------------------|-------------------------------------|-------------|--|--|
| Application Dat | e |] | | | | | |
| 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 citize | n of the United States | ? |] | | | | |
| Are you at least | 21 years old? | |] | | | | |
| If you answered N | IO to either of these qu | estions, you ar | e <u>not</u> eligible for | a Mariposa Founda | tion grant. | | |
| Have you receiv | ed a Mariposa Found | ation grant in | the past? | | | | |
| If you answered Y | ES to this question, yo | ou are not eligil | ole for a Maripos | a Foundation grant. | | | |

| 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? | | | | | | | | |
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| | fication for the grant, to include explaining your propo d training program or activity and how it aligns with y | | | | | | | |
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| | ou would use the grant funds (e.g., tuition, certification in your journey on your long-term goal pathway beyon | | | | | | | |
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| Education & Training | | | | | | |
|---|-------------------|--|--|--|--|--|
| High School | | | | | | |
| Name | City State | | | | | |
| From To | Did you graduate? | | | | | |
| | Dia 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 | | | | | |
| Branch Speciatty | FIOII 10 | | | | | |
| Rank at Discharge | Type of Discharge | | | | | |
| If other than honorable, explain | | | | | | |
| | References | | | | | |
| | | | | | | |
| Professional Reference (someone that knows ye | | | | | | |
| Full Name | Relationship | | | | | |
| Mailing Address | | | | | | |
| E-Mail | Phone | | | | | |
| Personal Reference (someone that knows you i | | | | | | |
| Full Name | Relationship | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |

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 | <u></u> | Date | |
|---------------------|---------|------|--|