

**ScholarBridge Foundation**

Website: [scholarbridge.foundation](https://scholarbridge.foundation/)

Supporting equitable education through non-profit funding initiatives.

## **School Funding Application Form**

### **General Information**

**School Name:**

**School Address:**

**City:**

**State/Province:**

**ZIP/Postal Code:**

**Website (if applicable):**

**Contact Person Name:**

**Title/Position:**

**Email Address:**

**Phone Number:**

### **School Overview**

1. **School Mission Statement:**

*(Provide a brief overview of your school’s mission and vision. What are your primary goals in serving your students and community?)*

1. **Grade Levels Served:**

*(e.g., Elementary, Middle, High School, or All Levels)*

1. **Total Student Enrollment:**

*(Please provide the number of enrolled students in your school.)*

1. **Describe Your Community:**

*(Provide insight into the community surrounding your school, including demographics, socio-economic background, and any unique challenges the community faces.)*

### **Funding Request**

1. **Amount of Funding Requested:**

*(Specify the amount you are requesting from the ScholarBridge Foundation.)*

1. **Purpose of the Funding:**

*(Provide a detailed explanation of how the funding will be used. Be as specific as possible, including programs, facilities, or materials the funding will support.)*

1. **Impact of the Funding:**

*(Explain how this funding will benefit your students, staff, and/or community. Include measurable outcomes or specific improvements the funding will enable.)*

1. **Timeline:**

*(Provide a timeline for the implementation of the funded programs or projects.)*

**How will you sustain the project after the funding ends?**

*(Explain your plans to continue the funded project or program beyond the ScholarBridge Foundation’s support, if applicable.)*

### **Agreement & Declaration**

By signing this form, I confirm the information provided in this application is accurate and complete to the best of my knowledge. I also understand that submission of this form does not guarantee funding.

**Authorized Signatory:**

Name (Print):

Position/Title:

Signature:

Date:

**Submit Your Application**

Please email your completed application to **[**[info@scholarbridge.foundation](mailto:info@scholarbridge.foundation)**]**

Thank you for your interest in the ScholarBridge Foundation’s grant program. We look forward to reviewing your application!