



ST. HELENA
PUBLIC SCHOOLS FOUNDATION & ENDOWMENT TRUST

Cultivating Better Schools. Harvesting Brighter Futures.™

STUDENT SUMMER ENRICHMENT GRANTS

(Please detach and keep this page for your reference)

INTENT: To provide funding to enable St. Helena Public School students in grades TK-12 to participate in summer enrichment programs according to their needs and areas of interest. The grant funds have been donated with curricular areas designated by the donors.

JOSEPH PHELPS FOUNDATION STUDENT SUMMER ACADEMIC GRANTS

The purpose of these grants is to provide funding for students wishing to apply for an academic summer program. If you have questions, please email us at hello@shpsf.org.

MARJORIE MONDAVI FAMILY STUDENT SUMMER ARTS GRANTS

The purpose of these grants is to assist in funding program fees for students wishing to apply for a summer program focused on the Arts. Applicants must display a strong interest in the specific discipline offered in the summer arts program they wish to attend. If you have questions, please email us at hello@shpsf.org.

POLICY:

- 1) Applicant must demonstrate a strong interest in the specific program area for which they are applying.
- 2) Application is to be endorsed by a sponsoring teacher, counselor, or coach, as well as the applicant's parents or guardians.
- 3) Applicant is required to display behavior patterns appropriate to their status as representatives of their schools and community.
- 4) Necessary supplies and transportation are to be provided by the applicant unless specifically stated by the grant.

PROCEDURE:

- 1) Applicant must complete the attached application.
- 2) Brochures and other written information regarding the program must be attached to the submitted application.
- 3) The attached liability waiver releasing the St. Helena Public Schools Foundation, the Marjorie Mondavi Family, and the Joseph Phelps Foundation from liability must be signed by the applicant's parent or guardian, and must be submitted with the application.
- 4) Each applicant must include a **letter of endorsement from a teacher, counselor, or coach** with his or her application.
- 5) Each applicant will be asked to schedule a date and time for an interview with a member of the St. Helena Public Schools Foundation Summer Committee.
- 6) If the grant is awarded, you will receive a phone call and grant confirmation letter, including a check request form with instructions on how to receive your grant fund.
- 7) Evaluation Process: Each grant recipient must write a short letter (or draw a picture if not yet reading and writing) detailing their experience in the summer program; a return-addressed stamped, envelope will be included for its submission to us. It is due before the first day of school of the new calendar year.



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STUDENT SUMMER APPLICATION FORM

(Form used by students to apply for the Joseph Phelps Foundation Student Academic Grants or the Marjorie Mondavi Family Student Summer Arts Grants)

NAME: _____ GRADE: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ PARENT/GUARDIAN NAME(S): _____ P/G PHONE: _____

NAME OF SCHOOL: _____ GPA: _____

JOSEPH PHELPS FOUNDATION (ACADEMIC) MARJORIE MONDAVI FAMILY (ARTS)

PLEASE GIVE THE NAME AND A BRIEF DESCRIPTION OF THE SUMMER PROGRAM YOU WOULD LIKE TO ATTEND. YOU MAY USE THE BACK OF THIS PAGE IF NEEDED.

EXPLAIN WHY YOU WOULD LIKE TO ATTEND THIS PROGRAM. YOU MAY USE THE BACK OF THIS FORM IF NEEDED.

FULL COST OF PROGRAM: \$ _____ AMOUNT REQUESTING: \$ _____

HAVE YOU APPLIED FOR ANY OTHER FUNDING FOR THIS PROGRAM? YES NO
IF YES, PLEASE EXPLAIN:

WILL YOU STILL BE INTERESTED IN ATTENDING THIS PROGRAM IF YOU ONLY PARTIAL FUNDING IS AVAILABLE? YES NO

APPLICANT SIGNATURE: _____ PARENT/GUARDIAN SIGNATURE: _____

SPONSOR SIGNATURE: _____ SCHOOL PRINCIPAL SIGNATURE: _____
(Teacher, Counselor or Coach)



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LIABILITY WAIVER

NAME OF APPLICANT: _____

THE UNDERSIGNED PARENT OR GUARDIAN OF THIS APPLICANT AGREES TO HOLD HARMLESS THE ST. HELENA PUBLIC SCHOOLS FOUNDATION, THE MARJORIE MONDAVI FAMILY, AND THE JOSEPH PHELPS FOUNDATION, FOR ANY LIABILITY FOR ANY HARM THAT MAY OCCUR DURING THE COURSE OF THIS SUMMER ENRICHMENT PROGRAM.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE PRINT PARENT OR GUARDIAN'S NAME: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

Please complete the above and return with your grant application.