



Gull Lake Community  
Schools Foundation

*Grant applications are accepted only from GLCS Staff Members and GLCS Students.  
The applicant must be currently employed or enrolled in Gull Lake Community Schools.*

**Grant Process:**

1. Application
2. Building Liaison signature
3. Principal signature
4. Curriculum Director signature and/or other Director or Supervisor, if applicable
5. Foundation Grant Committee review
6. Approval or denial by Gull Lake Community Schools Foundation Board
7. Feedback forms due to Building Liaison upon completion of the project

**Criteria used by the Committee includes, but not limited to:**

1. Alignment with school wide goals, improvement or curricular development
2. Innovation/Creativity
3. Number of students or staff affected
4. Professional growth
5. Financial need
6. Budget
7. Supporting/Matching Funds

**Building Liaisons:**

Kellogg Elementary – Janelle Holland

Richland Elementary – Karen Koets

Thomas M. Ryan Intermediate – Gretchen Bonesteel

Gull Lake Middle School - Laurie Klok

Gull Lake High School - Beth Rhodes

**Application Deadlines:**

Applications will be accepted at anytime. General Grants will be reviewed four (4) times each year; Student and Staff Grants will be reviewed five (5) times each year. Applications to be sent to Bonnie Kuepfer (Central Office) by the following dates:

**First Cycle:** Applications turned in by September 15 will be awarded/denied by October 15.

**Second Cycle:** Applications turned in by November 15 will be awarded/denied by December 15.

**Third Cycle:** Applications turned in by January 15 will be awarded/denied by February 15.

**Fourth Cycle:** Applications turned in by March 15 will be awarded/denied by April 15.

**Fifth Cycle:** Student/Staff Applications turned in by May 15 will be awarded/denied by June 15.

*Please note that the Foundation commitment is contingent upon adequate progress on goals by the applicant and the availability of Foundation funds.*



**Gull Lake Community  
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**Single-Year Grant Application**

Name of School: \_\_\_\_\_ Date: \_\_\_\_\_

Name of GLCS Foundation Liaison: \_\_\_\_\_

Name of Lead Applicant: \_\_\_\_\_ Dept. \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this a student, staff or general (material) grant? \_\_\_\_\_

Grade Level(s) Impacted: \_\_\_\_\_ No. of Students Served by Grant: \_\_\_\_\_

**Approvals:**

	Signature	Approval	Denial
Building Liaison			n.a.
Building Principal			
Director of Curriculum			
Other (if applicable)			

**All Applications must include the following:**

- A detailed description of the program or materials these funds will support
- Explanation of the critical need for this program, project or material
- Complete Budget Worksheet with appropriate schedules attached
- Explanation of how you will recognize the contribution by the Foundation  
Example: labels, parent letters, staff meeting
- Student grants must have written recommendation from a GL Community Schools teacher.

**Administrator Comments:**

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Single-Year Grant Budget Worksheet

<b>EXPENSES</b>	
Equipment	
Supplies	
Registration	
Other (specify)	
<b>Total Expenses</b>	\$

<b>OTHER SUPPORTING FUNDS</b>	
Individual contributions	
Fundraising events and products	
In-kind support (donated products, other gifts)	
PTO contributions	
Other (Example: Application for other grants)	
<b>Total Support</b>	\$

**Total Amount of Funding Requested from GLCS Foundation \$ \_\_\_\_\_**

**Please answer the following questions:**

1. Is this grant application aligned with district, school and/or your professional goals? If yes, please briefly explain.
  
2. Have you secured or applies for outside supporting funds? If so, please explain.
  
3. Has the GLCS Foundation funded this for you or anyone else in your building in the past? If so, when?
  
4. Please briefly explain the critical need for these funds.
  
5. Please indicate from the list below how you will recognize the GLCS Foundation.
  - Provide the GLCS Foundation logo with photos and/or video.
  - Use the GLCS Foundation logo in your classroom newsletter with description of the grant award.
  - \_\_\_\_\_
  - \_\_\_\_\_
  
6. If awarded, how will you acknowledge the grant in your building and/or within the district?



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*This page needs to be completed and attached  
to any student grant application.*

The parent/legal guardian signing this application (for a student grant) below agrees and acknowledges that the student has the permission of the parent/legal guardian to submit this grant and to attend/participate in the activity for which the student seeks the grant. In addition, the parent/legal guardian agrees to reimburse the Gull Lake Community Schools Foundation ("GLCSF") for any monies paid by GLCSF related to the grant requested by the student if the student fails to attend or participate in the activity.

**Single-Year Grant  
Parent/Legal Guardian Consent**

Print Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_