

# Valleyfest Grant Program Application



The Valleyfest Children's Foundation provides small grants to enrich the lives of students interested in pursuing an activity in arts, culture, science or math. Grant applications are due the 1<sup>st</sup> day of the month (September-June) and must be submitted by the student's school counselor. Visit [Valleyfest.org](http://Valleyfest.org) for complete grant guidelines.

Students Name \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Parent E-Mail \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_ (up to \$200 per student per year)

**Explanation of how the money is going to be used:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Counselor Additional Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Product/Service provider:** \_\_\_\_\_  
Name Company or Organization

City, State & Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Company/Organization Contact \_\_\_\_\_ E-Mail \_\_\_\_\_

**I certify that this student is enrolled in my school and eligible for the National School Lunch/Breakfast Program.**

Counselor Name \_\_\_\_\_ Counselor Signature \_\_\_\_\_

Counselor Phone \_\_\_\_\_ Counselor E-mail \_\_\_\_\_

**Thank you for helping make a difference in the lives of our children!  
Return the completed form to PO Box 368, Spokane Valley, WA 99037 or [info@valleyfest.org](mailto:info@valleyfest.org)**