**Application for Judy Watson Olson Education Enrichment Award**

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| Submission Date |  |
| School/Organization |  |
| Street AddressCity, State, Zip Code |  |
| Applicant Name, Title |  |
| Phone |  |
| E-Mail |  |

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| **UNMET NEED: Briefly describe the project and how it addresses an unmet need.**  |
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| **ACADEMIC SUCCESS: Briefly describe how the program will help youth succeed academically.** |
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| **YOUTH SERVED: Briefly describe who will be served and \*estimated number of youth served. (\*This must be included or your score may be negatively impacted.)** |
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| **OTHER COMPELLING INFORMATION: Please share any other compelling information that has not been asked.**  |
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| **PROJECT BUDGET: Please describe how the funds will be used and provide a budget.** |
| Budget item name: | Amount: |
| Budget item name: | Amount: |
| Budget item name: | Amount: |
|  | Total Budget Amount: $500.00 |

I understand that project costs above the amount of the award are my responsibility and that funds will be used for the stated purpose.

**By entering my name below, I certify that my superintendent or organization’s leader is aware of and supports my application submission.**

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| Applicant Name |  |
| Superintendent/CEO/Name and Title |  |