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

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

|  |
| --- |
| **UNMET NEED: Briefly describe the project and how it addresses an unmet need.** |
|  |

|  |
| --- |
| **ACADEMIC SUCCESS: Briefly describe how the program will help youth succeed academically.** |
|  |

|  |
| --- |
| **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.)** |
|  |

|  |
| --- |
| **OTHER COMPELLING INFORMATION: Please share any other compelling information that has not been asked.** |
|  |

|  |  |
| --- | --- |
| **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.**

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