



P.O. Box 692
Marquette, MI 49855

glcyd.org | 906.228.8919

Application for Judy Watson Olson Education Enrichment Award

Submission Date	
School/Organization	
Street Address	
City, State, Zip Code	
Contact Person, 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.

Applicant Date

Superintendent or CEO Date