

P.O. Box 692 Marquette, MI 49855

glcyd.org | 906.228.8919

	ation for Judy Watson	Olson Education Enrichment Awar	<u>d</u>
Submission Date			
School/Organization			
Street Address			
City, State, Zip Code			
Contact Person, Title			
Phone			
E-Mail			
UNMET NEED: Briefly	describe the project a	nd how it addresses an unmet need	d.
ACADEMIC SUCCESS:	Briefly describe how	the program will help youth succe	ed academically.
AOADEIIIIO GGGGEGG	Direny describe now	the program win help youth succe	sa adadermouny.
VOLITH SERVED: Brie	fly describe who will b	pe served and *estimated number of	f youth sarved
	•	e negatively impacted.)	youth serveu.
(This must be include	d or your score may b	e negatively impacted.	
OTHER COMPELLING	INFORMATION: Diggs	se share any other compelling infor	mation that has
not been asked.	INFORMATION. Fleas	se share any other compening infor	manon mat nas
not been asked.			
DDO IECT BUDGET: D	loses describe how th	e funds will be used and provide a	hudaat
FROSECT BODGET. F	lease describe now th	e fullus will be used allu provide a	buuget.
Budget item name:		Amount:	
Budget item name:			
Budget item name:		Amount:	
Budget item name:		Amount:	
		Total Budget Amount: \$500.00	
I understand that project cos	ts above the amount of the	e award are my responsibility and that fund	ds will be used for
the stated purpose.			
Applicant	Date	Superintendent or CEO	Date