

## Charitable Funding Application for After School Programs for Grades 6 to 8 only

Charitable funding is reviewed quarterly in **January, March , June and September**. Funds are limited and we may have to limit the dollar amount in order to fulfill applications.

**Due to the volume of requests, you will only be notified if your request has been accepted or we have additional questions. You are welcome to re-apply if you didn't receive funding.**

School Name: \_\_\_\_\_ Grades: \_\_\_\_\_

Address : \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

How is your program currently being funded? \_\_\_\_\_

Have you applied and/or received funds from JJWF before? Yes No

If yes, enter date and amount you received: Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Please provide the quantity and cost for requested equipment/uniforms, etc. (We do not provide funding for coaches, shoes or socks, rather things that can be passed on from year to year) Please also include an email or quote from vendor for the items listed below.

Vendor	Item	Quantity	Cost		Total
Total Request:					

Program(s) funds would benefit: \_\_\_\_\_

Number of kids currently enrolled or anticipated: \_\_\_\_\_

Additional Comments you'd like to relay to us: \_\_\_\_\_

---

DISCLAIMER: If your application would be accepted in part or full, The JJWF does not provide any staffing, busing, insurance, etc. rather we provide the equipment or funding to help you to provide the program for the students. The school needs to provide to us in writing that they have the necessary funds and/or fields, gyms; staff, busing if necessary or funds to complete the program and sustain it once provided the funding/equipment from JJWF.

JJWF is a 501(c) 3 Tax ID #27-3516574

**Directions**

*Completed applications can be e-mailed to FundingRequest.JJWF@Gmail.com OR mail to P.O. BOX 530 Pewaukee 53072 Incomplete applications will not be reviewed*

I represent that all the information provided in this application is true and accurate to the best of my knowledge as of the date of this signature. I furthermore represent that I have the authority of my institution to provide this information and to establish and/or operate the program(s) identified above.

Signature:      X \_\_\_\_\_

**OFFICE USE ONLY:**

Date application received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Approved for: \_\_\_\_\_

Denied: \_\_\_\_\_

Comments: \_\_\_\_\_