



# The Hayes Foundation

PO Box 1257 | Rutland VT 05701 | (802) 417-2170  
director@thehayesfoundation.org | thehayesfoundation.org

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

## Application for Activity or Study Grant PART A

The Hayes Foundation will review applications four times a year with the following postmark deadlines: **October 1, January 1, April 1, and June 1.** Our board will meet and respond to applications within three weeks of these deadlines. **Please plan accordingly, well in advance of your program.**

Name: \_\_\_\_\_

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

Parent?Guardian's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of program or proposed activity: \_\_\_\_\_

Dates of program or activity: begins \_\_\_/\_\_\_/\_\_\_ ends \_\_\_/\_\_\_/\_\_\_

Description of proposed activity or program: **Attach a program description, brochure, or URL (web link):**

### Itemized Program Costs:

Tuition \_\_\_\_\_ Fees \_\_\_\_\_ Materials \_\_\_\_\_ Housing \_\_\_\_\_ Meals \_\_\_\_\_

Other costs (identify): \_\_\_\_\_

**TOTAL of costs.....** = \$ \_\_\_\_\_

Amount of total cost committed to be paid by student: \$ \_\_\_\_\_

Amount of total cost committed to be paid by family: \$ \_\_\_\_\_

Scholarship or other financial sources: (please identify): \$ \_\_\_\_\_

Does the program itself consider requests for financial aid?  YES  NO

Has aid been requested from the program?  YES  NO

**Amount requested from the Hayes Foundation:** \$ \_\_\_\_\_

Does this program issue a grade or performance evaluation at the conclusion? \_\_\_ Yes \_\_\_ No\*

Do you give permission for the Hayes Foundation to use your photo promotionally? \_\_\_ Yes \_\_\_ No

***If YES, please provide us with a photo of you, preferably involved in your program, if possible***

**PLEASE NOTE:** We ask that grant recipients be willing to present a five-minute summary of their experience to our board at our annual meeting in January or one of our quarterly meetings. If you are awarded a grant, we will contact you to schedule this presentation.

***If the program does not issue evaluations, you must request your program leader to complete a Post Program Evaluation Form, included in the application packet. Signing this application indicates you understand this requirement.***

**Program address to which payment is to be mailed:**

\_\_\_\_\_



## Grant Application: PART B

**Please answer the following questions:**

*All applicants are expected to provide thorough and thoughtful responses to the application questions.*

**NOTE TO PARENTS:** *We request that parents, even those who scribe for their children, not assist in the formation of responses. The Hayes Foundation seeks depth and self-reflection, not perfection, in students' applications.*

**1. In what ways do you feel you are especially ready or prepared for this experience?**

**2. What do you most urgently wish to find out or learn from this experience? Please be specific.**

**3. What makes you curious or interested in this area of knowledge?**

**4. What aspect(s) of this experience do you feel will be the most challenging for you?**

*continued...*



5. How have you been most successful when you meet this type of challenge?

6. Tell about some particular source of academic, intellectual, or personal inspiration for you.

*Applicants in grade 7 or above will also respond to this additional question:*

7. In what ways have you been, or will you be earning money to help with the cost of this experience?

After completing your application, please share it with one teacher or other adult non-relative **not associated with the program for which you are applying**, whom you can ask to complete the **Recommendation Form**.

Ask your recommender to email the PDF to [director@thehayesfoundation.org](mailto:director@thehayesfoundation.org) or mail it to the address below.

Email to [director@thehayesfoundation.org](mailto:director@thehayesfoundation.org) or mail your application to:

The Hayes Foundation, PO BOX 1257, Rutland, VT 05701

Applicant's signature: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_

Date submitted: \_\_\_\_\_ This application was given to me by: \_\_\_\_\_

- Please note that **post-program evaluations are required of all grant recipients**, in the form of program-provided grades or evaluations, OR via the Hayes Foundation's Post Program Evaluation Form if the program does not routinely provide grades or evaluations. Signing this application indicates that you understand the requirement.
- Additionally, **recipients of previous Hayes grants** cannot be considered for subsequent grants unless the Hayes Foundation has received a performance evaluation from the previously granted program.