



The Hayes Foundation

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Application for Team Grant

TEAM COACH: Please complete the **first two pages** of the application and provide your team members with the Essay section (a separate document), which they will *each* need to complete individually, sign and return to you. **Once you have collected all team members' essays, please enclose them with your completed cover page and team roster**, and mail them to the Hayes Foundation, P.O. Box 1257, Rutland, VT 05701. **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 competition.**

TEAM Name: _____
COACH's Name: _____
Address: _____ ZIP: _____
Email: _____ Phone: _____
School/other affiliation: _____ Competition date: _____

Please tell us the name and age-group/division of the specific problem/challenge/competition in which you are participating:

Please tell us the date(s) and location of the competition:

Program Cost:

Registration/team fees*: \$ _____
Other costs (identify)*: + \$ _____
TOTAL of costs = \$ _____

***Please note the Hayes Foundation does NOT consider coaches' or parents' travel expenses or underwrite the expenses of any adult working with the team. Do not include any adult expenses in your tally.**

Amount of total cost committed to be paid by the team: \$ _____
Amount you have raised to date (date: __/__/__): \$ _____
Scholarship or other financial sources: (please identify): \$ _____

Amount requested from the Hayes Foundation: \$ _____

If the Hayes Foundation provides your team with a grant, we request that the Coach provide an end-of-program report describing how the team placed and discussing what you learned from the experience. *Your signature on page 2 and acceptance of a grant from The Hayes Foundation signifies your agreement to provide a post-competition report.*

Program name/check payable to and address to which payment is to be mailed:

Continue to page 2, Team Roster



Team Roster

This roster must be completed and signed by the team coach and included with the application.

If there are more than seven members, please list them on the back of this form.

TEAM Name: _____

COACH's Name: _____

Address: _____ ZIP _____

Email: _____ Phone: _____

School or other affiliation: _____ Competition Date: _____

Team Member 1: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 2: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 3: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 4: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 5: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 6: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Team Member 7: _____

Age _____ Current Grade _____ School: _____

Address: _____ Zip _____

Parents' Email: _____ Phone: _____

Coach's Signature: _____ **Date:** _____