

Diane K. Kline Memorial Scholarship Fund P.O. Box 526 Center Harbor, NH 03226

Grant Application

		Applicant Information		
Full Name:	Last	First	 M.I.	Date:
	Lasi	riisi	IVI.I.	
Address:				
	Street Address and P.O. Box (if applicable)			Apartment/Unit #
	Town/City		State	ZIP Code
		Email:		
Phone:				
	Male Female			
Gender:		Date of Birth:		
Are you a ci	tizen of the United States?	YES NO		
O	υ Δ D - · · · · · · · · · · · · · · · · · ·			
Grant Amou	nt Requested (max \$500):	YES NO		
Have you ap	oplied for this grant in the past?	☐ ☐ If yes, when?		_
		School Details	_	
Name of Sc	hool:	ochool Betails		
Name of Sc	11001			
School Addı	.666.			
Corloor / tadi				
	Street Address and P.O. Box (if	Street Address and P.O. Box (if applicable)		Unit #
	Town/City	State	ZIP Co	de

Subject(s) Area Certification:

Subject:					
Grade:					
YES NO May we contact your supervisor for a reference?					
Grant Details					
Program/Workshop/Institution:					
Address: Street Address and P.O. Box (if applicable)	Unit #				
Town/City	State ZIP Code				
Check Payable to:					
 This grant is available to all educators from Kindergarten through Grade 12 Grants will be made on a 'first-come, first-served' basis The grant will not exceed \$500.00 Educator applicants must demonstrate to the selection committee that their grant request supports the need to enhance career choices for New Hampshire children as well as build STEM literacy among them 					
Required Attachments					
Informational document/brochure/booklet and/or Internet link to the program	m/workshop/institution you wish to attend				
Personal Statement A typewritten personal statement of no more than 250 words that includes the factorial statement of no mo	-				

I confirm that I have given complete and true information. I am a certified New Hampshire educator who is employed at a school in SAU 2 or SAU 45 (Center Harbor, Meredith, Sandwich, Ashland, Moultonborough). I understand that all grant awards will be made directly to the program/workshop/institution and not to individuals unless the Board of Directors deems it necessary.

Applicant Signature:

Date:

OFFICIAL DKKMSF USE ONLY (do not write in gray box below)				
Date Application Received:				
Date Application Approved:				
Approved Amount:	\$			
Notes for Selection Committee use:				