



# THE HAYES FOUNDATION

P.O. Box 129, Wallingford, Vermont 05773 • (802) 446-2877  
thehayesfoundation.org

## Application for Activity or Study Grant 2009–2010

The Foundation expects that its study grants will, for the most part, range up to \$500 and that the family contribution will comprise a substantial portion of the cost.

Outstanding applicants whose need is greater than \$500 may request a higher amount, accompanied by parents' most recent IRS form 1040. Applicants whose family contribution is necessarily less than 50% of the program cost should enclose a parent's written statement describing the circumstances of financial need.

First priority for grant awards will be given to applicants who have been recommended from their participation in a recent Hayes SUMMERWEEK program. Additional grants will be made on a funds-available basis.

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

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

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 separate sheet or program brochure)**

### Program Cost:

Tuition, fees, materials \$ \_\_\_\_\_

Cost of 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? \_\_\_ Yes \_\_\_ No

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

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

Program address to which payment is to be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I participated in Hayes SUMMERWEEK program(s) in the summer(s) of \_\_\_\_\_ and \_\_\_\_\_.



**On a separate sheet(s) please answer the following questions:**

**All applicants are expected to provide full and thoughtful responses in these four areas.**

1. In what ways do you feel you are especially ready or prepared for this experience?
2. What is the one concrete thing you most urgently wish to find out or learn from this experience?
3. What aspect of this experience do you feel will be the most challenging for you?
4. 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**

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

**After completing your application, please share it with one teacher or other adult whom you can ask to complete the attached letter of recommendation. Mail your application directly to:**

The Hayes Foundation  
School Year Grants  
PO BOX 129  
Wallingford, VT 05773

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

Signature of parent or guardian: \_\_\_\_\_

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

***Please note that recipients of previous Hayes grants cannot be considered for subsequent grants unless The Hayes Foundation has received a performance evaluation from the previously sponsored program.***

