

# APT STUDENT GRANT APPLICATION 2016-2017

*Confidential*

**Deadline is May 12, 2017**

Revised: Feb 17, 2017

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ LF LB KW\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

All communication will be via email, so please provide appropriate contact email address for these purposes.

Faculty Sponsor (print): \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_

Briefly describe why you would like to attend the program you have chosen and why you would like the APT to support this initiative. In addition, please discuss how the program will *enhance student life at LFHS* (through Leadership Development, Personal Growth or Enrichment). **If funding this activity presents a hardship for your family, please make that clear.** *Please attach your typed response to this prompt above.*

Attach all documentation or materials that will highlight and assist in the consideration of the application, including program information, detailed cost information, payment due dates, and receipts.

Faculty Sponsor Signature: \_\_\_\_\_

As the student's faculty sponsor, I am willing to be contacted in order to speak on student's behalf.

Note, APT will write the check to the organization that student is attending.

Write check to: \_\_\_\_\_

Where should the check be sent and provide deadline? \_\_\_\_\_

Student will submit proof of program completion/receipt to APT Grant Rep by 9/19/17 \_\_\_\_\_

(Student initials)

\*\*\*Applications must be submitted by email to [lizstaunton@comcast.net](mailto:lizstaunton@comcast.net).

**Also**, please call or text to confirm receipt 847 707-3432.

