



BRIDGE GRANT APPLICATION

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

School Name \_\_\_\_\_ Grade in school \_\_\_\_\_

School Principal \_\_\_\_\_ Phone \_\_\_\_\_

School Address \_\_\_\_\_ Fax \_\_\_\_\_

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

County \_\_\_\_\_

Name of Parents \_\_\_\_\_

Occupation of Father \_\_\_\_\_

Occupation of Mother \_\_\_\_\_

Annual Household Income \_\_\_\_\_

Single Parent Household? Yes \_\_\_\_\_ No \_\_\_\_\_

Brothers and Sisters at home: Names and ages:

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

Estimated amount of requested grant \$ \_\_\_\_\_ Semester requested for \_\_\_\_\_

Is this child currently receiving financial assistance from other sources? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this child's family currently receiving financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If so,where?

\_\_\_\_\_

Can we contact the family for a recognition dinner if applicable? Yes \_\_\_\_\_ No \_\_\_\_\_

Submitted by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Please send application to:

Grants & Applications Committee Chairman

Kate Rodriguez

7841 Edgehill Road

Greendale, WI 53129

Phone: 414-630-1103

Fax: 414-259-0420

Email: lehstenk@yahoo.com