

The GO Fund Application
“Growth and Opportunity”
STUDENT MUST FILL OUT IN OWN HANDWRITING

3-20-08

Deadline: Postmarked by October 31st or March 30th

Mail completed application to: The GO Fund, P.O. Box 76, Great Barrington, MA 01230

Name _____ Name (s) of _____

Address _____ Parent/Guardian (s) Address _____

Town, ZIP _____ Town, ZIP _____

Phone # _____ Phone #(s) _____

E-mail _____ E-mail _____

School you attend _____ Grade: _____

Birthdate: _____ How did you hear about the GO Fund? _____

Additional parent/guardian address and contact information _____

Official name of Project: _____

Deadline for your project / venture? Explain: _____

Outline funding needs and other contributed funds. If you have raised money for the project please detail it in you narrative.

Total Cost: _____

Amount requested from The GO Fund is: _____

List other contribution sources (Student funds, family support etc., please be detailed)

WHO	Amount
_____	_____
_____	_____
_____	_____

In addition to the above information, your application will not be considered without the following:

- Attach a written and or typed description of your funding request on a separate page. Include how this opportunity is going to help you grow, your interests and hobbies, as well as other information that may help the committee make its decision. Please be as specific as possible, in no more than two pages.
- Include copies of any program descriptions or similar materials that may be available from your project or venture.
- IT IS STRONGLY SUGGESTED THAT AFTER THE STUDENT COMPLETES THE APPLICATION THAT IT IS REVIEWED BY A PARENT OR SIGNIFICANT ADULT TO MAKE SURE THE APPLICATION IS COMPLETE.

References			
(Suggestions: Personal, Academic, Professional, etc. NO RELATIVES)			
Name	Relationship	Phone # (s)	Best time to contact
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

* Please let the references know that we may be calling them.

As the parent/guardian of _____ I support his/her application. I will do everything possible to assist him/her towards a productive and positive outcome. Should my child be awarded a GO Fund scholarship, I give permission to grant the "GO" Fund Committee to use my child's information (name, name of parents, school attended, and project/experience/venture) in a press release, to be publicized both in print and on the radio.

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

*Name of Organization/Agency/Vendor/etc. to make the check out to if you are granted an award.

**Checks will NOT be made out to individual scholarship recipients.

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