



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

### S.T.E.M Educator Grant Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address and P.O. Box (if applicable) Apartment/Unit #*

\_\_\_\_\_

*Town/City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Are you a citizen of the United States? YES  NO

Grant Amount Requested (max \$500): \_\_\_\_\_

Have you applied for this grant in the past? YES  NO  If yes, when? \_\_\_\_\_

#### School Details

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street Address and P.O. Box (if applicable) Unit #*

\_\_\_\_\_

*Town/City State ZIP Code*

Subject(s) Area Certification: \_\_\_\_\_

Subject: \_\_\_\_\_

Grade: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

## 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/workshop/institution you wish to attend

- Link (if applicable): \_\_\_\_\_

Personal Statement

- *A typewritten personal statement of no more than 250 words that includes the following:*

1. *Why the grant request is being made and for what reason(s)*
2. *Name of institution/program/workshop to which the grant is intended*
3. *Other considerations you want the selection committee to review*

## Disclaimer and Signature

*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:	_____
	_____