THE BOLLINGER FOUNDATION

GRANT NOMINATION FORM

This Nomination Form is your application for a grant to fund the support of at least one child from an eligible family. This Nomination Form, as completed, serves as the basis for awards granted by the Bollinger Foundation, with Part A confirming family eligibility; Part B introducing each child to be nominated; Part C identifying the individual completing the Nomination Form; and Part D establishing family need. Only Part D requires an essay response, although any response to Parts A-C can be supplemented with an essay if desired.

A.   **Eligibility**. The Bollinger Foundation provides grants to support children who have lost a parent or legal guardian **and** each child must have at least one parent or legal guardian, surviving or deceased, who has worked in the housing, community development, or economic development field. Please complete this Part A to confirm:

1.   Name of Parent or Legal Guardian Who Has Died:

Date of Death:

If work eligibility is met through this parent or legal guardian, provide employment details.

Job Title:
Length of employment:
Prior Employer Name:
Street Address:
City, State & Zip Code:

Employer Contact Name:
 Job Title:
 Telephone Number:
 E-Mail Address:

2.   Name and Contact Information for Surviving Parent or Legal Guardian
Name:
E-Mail Address:
Telephone Number:
Street Address:
City, State & Zip Code:

If work eligibility is met through this parent or legal guardian, provide details below.

Job Title:
Length of Employment or start date if current:
Employer Name:
Street Address:
City, State & Zip Code:
Employment Time Period:
Employer Contact Name:
 Job Title:
 Telephone Number:
 E-Mail Address:

At your option, you may further describe the work experience summarized in Part A1 and/or A2 above. Use the additional space in Part E, if necessary.

B. **Nominated Child**. One, more than one, or all of the children of the parents or legal guardians identified in Part A may be nominated for a Bollinger Foundation Grant by completing the information requested below. Each child to be nominated for a Bollinger Foundation Grant needs to be identified below as a Nominated Child.

1.   Nominated Child:
        Date of Birth:
        Current School:
        School Street Address:
        City, State & Zip Code:
        School Contact Name:
            Job Title:
            Telephone Number:
            E-Mail Address:
        Current Year/Grade:
        If not currently in school, indicate last year in attendance:
        Grant Amount Requested (please note grants will be made in small amounts not to exceed $8,000 per year):
        Purpose for Grant:
        If child plans to attend a new school for the next school year, please include the same details as above for the new school or program (Name, address, contact, etc.)

2.   Second Nominated Child, if any:
        Date of Birth:
        Current School:
        School Street Address:
        City, State & Zip Code:
        School Contact Name:
            Job Title:
            Telephone Number:
            E-Mail Address:
        Current Year/Grade:
        If not currently in school, indicate last year in attendance:
        Grant Amount Requested (please note grants will be made in small amounts not to exceed $8,000 per year):
        Purpose for Grant:
        If child plans to attend a new school for the next school year, please include the same details as above for the new school or program (Name, address, contact, etc.)

3.   Third Nominated Child, if any:
        Date of Birth:
        Current School:
        School Street Address:
        City, State & Zip Code:
        School Contact Name:
            Job Title:
            Telephone Number:
            E-Mail Address:
        Current Year/Grade:
        If not currently in school, indicate last year in attendance:
        Grant Amount Requested (please note grants will be made in small amounts not to exceed $8,000 per year):
        Purpose for Grant:
        If child plans to attend a new school for the next school year, please include the same details as above for the new school or program (Name, address, contact, etc.)

If more than three children in a family are nominated, please use the additional space in Part E to provide the information requested above for each additional Nominated Child. At your discretion, you may use the additional space in Part E to explain the needs and interests of any or each Nominated Child.

C.   **Nominating Individual**. The Nominating Individual is the person who completes this Nomination Form. Please provide the following information about the Nominating Individual:

     1.   Name and Contact Information for Nominating Individual

          Name:

          E-Mail Address:

          Telephone Number:

          Street Address:

          City, State & Zip Code:

     2.   Relationship to Family:

     If the Nominating Individual is not the surviving spouse, you may use the additional space in Part E to more fully describe the relationship of the Nominating Individual to the family.

D.   **Family Need**. Please confirm that each Nominated Child is eligible for a Bollinger Foundation Grant requested in Part B by establishing family need. Please provide information on the family situation as a whole, including the financial situation, using the space provided in Part E. The financial situation of the family can be established from an estimate of family income and net worth.

E.   **Additional Space**. Please use the space provided below to respond to the family need question in Part D and to provide any other information. The response to Part D and any other information can be combined in one paragraph or separated, as you prefer.

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STATEMENT OF ACCURACY

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☐ *I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.*

☐ *I hereby understand that it is my, the applicant's, responsibility to notify the Bollinger Foundation if any of the above information changes.*

☐ *I hereby understand that if chosen as a scholarship winner, according to Bollinger Foundation Scholarship policy, it is the responsibility of the nominated family to remit to the Foundation the appropriate information for the scholarship check to be made payable to the appropriate recipient of funds.*

Signature of Nominating Individual: Date:

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CHECKLIST

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__ Completed application form
__ Detailed contact information for recipient of scholarship funds

Email completed application to the Bollinger Foundation at contact@bollingerfoundation.org.
or mail a hard copy to:
The Bollinger Foundation
Attention: IEDC
1275 K St. NW / Suite 300
Washington, DC 20005

The deadline for application submissions are June 1, 2024.