



## GRANT NOMINATION INSTRUCTIONS

**The deadline for application submissions is June 1, 2024.**

The Bollinger Foundation provides financial assistance to children of any age who have: (1) lost a parent or legal guardian, (2) at least one parent or legal guardian who works or worked in the housing, community development, or economic development field, and (3) demonstrated financial need. Grants are awarded in small amounts up to \$8,000 per year.

The Nomination Form is your application for a grant to fund the education and support of at least one child from an eligible family.

**Part A** confirms family eligibility by identifying the parent or legal guardian who has died, and the parent or legal guardian, surviving or deceased, who works or has worked in the housing, community development, or economic development field.

**Part B** introduces each child to be nominated. One or more of the children of the parents or legal guardians identified in Part A may be nominated for a Bollinger Foundation Grant. Part B provides identifying information about the nominated child and the amount and purpose of the grant requested. If more than three children in a family are nominated, please use the additional space in Part E to provide the information requested in Part B for each additional child.

**Part C** provides the contact and relationship information about the individual completing the Nomination Form.

**Part D** establishes family need. Provide information on the family's financial situation, using an estimate of family income and net worth. Additionally, provide information on the family's situation as a whole, noting any special circumstances that may not be reflected by the financial statement.

**Part E** provides additional space to continue any response if needed. Any response to Parts A–D can be supplemented with an additional statement if desired. At your option, you may use the additional space in Part E to explain the needs and interests of any or each Nominated Child.

**Part F**, the Statement of Accuracy, must be completed, signed and dated.

All questions must be answered in order for the nomination to be considered.



# THE BOLLINGER FOUNDATION

## GRANT NOMINATION FORM

| Part A. Eligibility   |   |
|---|---|
| <b>Deceased Parent or Legal Guardian</b>  |   |
| Full Name   | Date of death (mm/dd/yyyy)                          |
| <b>Surviving Parent or Legal Guardian</b>   |   |
| Full Name   |   |
| Complete Address  |   |
| Email   | Telephone   |
| <b>Work Eligibility</b><br><i>Based on (select only one)</i>  |   |
| <input type="radio"/> Deceased Parent/Guardian <input type="radio"/> Surviving Parent/Guardian  |   |
| Employer name   | Job title   |
| Start date if currently employed  | Length of employment if past                        |
| Complete Address  |   |
| <b>Employer Contact</b>   |   |
| Name  | Job title   |
| Email   | Telephone   |
| Optional: Additional description of housing, community development, or economic development work experience described above           |   |
| Part B. Nominated Child/Children  |   |
| <b>Nominated Child 1</b>  |   |
| Full Name   | Date of birth (mm/dd/yyyy)                          |
| Current School  |   |
| School Address  |   |
| Current year/grade  | If not currently in school, last year of attendance |
| <b>School Contact</b>   |   |
| Name  | Job title   |
| Email   | Telephone   |
| If child will attend a different school in the next school year, please provide school/program name, address, and contact information |   |
| <b>Grant Request</b>  |   |
| Amount requested  |   |
| Purpose   |   |

## Part B. Nominated Child/Children (continued)

### Nominated Child 2

|   |   |
|---|---|
| Name  | Date of birth (mm/dd/yyyy)                          |
| Current School  |   |
| School Address  |   |
| Current year/grade  | If not currently in school, last year of attendance |
| <b>School Contact</b>   |   |
| Name  | Job title   |
| Email   | Telephone   |
| If child will attend a different school in the next school year, please provide school/program name, address, and contact information |   |

### Grant Request

|                  |
|------------------|
| Amount requested |
| Purpose          |

### Nominated Child 3

|   |   |
|---|---|
| Name  | Date of birth                                       |
| Current School  |   |
| School Address  |   |
| Current Year/Grade  | If not currently in school, last year of attendance |
| <b>School Contact</b>   |   |
| Name  | Job title   |
| Email   | Telephone   |
| If child will attend a different school in the next school year, please provide school/program name, address, and contact information |   |

### Grant Request

|                  |
|------------------|
| Amount requested |
| Purpose          |

## Part C. Nominating Individual

|  |           |
|--|-----------|
| Name   |           |
| Complete Address   |           |
| Email  | Telephone |
| Relationship to family   |           |
| <input type="radio"/> Surviving spouse <input type="radio"/> Other (please explain in the space below) |           |

## Part D. Family Need

Provide information on the family's financial situation, using an estimate of family income and net worth. Also provide information on the family's situation as a whole, noting special circumstances that may not be reflected by the financial statement.

## Part E. Additional Information

Use this space to continue or supplement any response from Parts A–D if needed. If providing information about additional children, please be sure to include all information requested in Part B. You may use this space to explain the needs and interests of any nominated child (be sure to identify which child is being discussed).

## Part F. Statement of Accuracy

Please initial each statement and sign and date at the bottom.

\_\_\_\_\_ *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 responsibility as the applicant to notify the Bollinger Foundation if any of the above information changes.*

\_\_\_\_\_ *I hereby understand that if chosen as a grant recipient, according to Bollinger Foundation policy, the nominated family is responsible for providing to the Foundation the required information for the grant check to be made payable to the appropriate recipient of funds.*

Signature of Nominating Individual from Part C

Date

## Checklist

Please ensure you have provided:

\_\_\_\_\_ Completed application form

\_\_\_\_\_ Detailed contact information for grant recipient

**Email completed application to the Bollinger Foundation at [contact@bollingerfoundation.org](mailto: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 is June 1, 2024.**

