



NMAA Foundation
School Support Grant Application
2018-2019



Annually, the NMAA Foundation designates a portion of their budget to fund grants that support NMAA member schools. They are awarded by the NMAA Foundation Board of Directors and are intended to support school athletic or activity programs whose values align with the organizational vision of the Foundation. In the past, the grant has been used to fund the startup of new programs, essential equipment or services, and to assist with emergency needs. This application can be submitted at any point during the year but award is subject to the approval of the Board and the availability of funds which are disbursed on a first come first serve basis.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Athletic/Activities Director: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Requested Amount: \$ \_\_\_\_\_ Date Funding is Needed: \_\_\_\_\_

1. Background Information:

Please describe your schools need for this grant with as much detail as possible.

Multiple horizontal lines for text entry.

**2. Student Impact:**

*How many students will be impacted by this grant and how?*

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**3. Funding Specifics**

*What will this grant be used to purchase? Please list exactly what you intend to purchase with the grant and roughly how much it will cost.*

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**4. Alternative Sources:**

*In what other ways have you tried to get this funding? (School or District Funds, Fundraising, Other Grants, etc.) Were they successful at all?*

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**5. Sustainable Funding**

*Please describe how your program will be sustained financially after this one time grant.*

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**6. School Verification**

*Please complete the fields below. Your Application will NOT be reviewed without all of the fields below completed.*

**By signing below you indicate your understanding and express support of your school's application for an NMAA Foundation School Support Grant. You agree to ensure that the grant is spent for the purpose(s) in this application. You also agree to ensure that the grant shall be spent in accordance with this application if it is awarded.**

**Requestor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athletic or Activities Director Name:** \_\_\_\_\_

**Athletic/Activities Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Principal Name (Not Assistant Principal):** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit this application along with any supporting letters or documents at least 90 days before you need the funding. Your application will be reviewed by the Board of Directors and you will be contacted if additional information is needed.**

**Submit Application Via:**

**EMAIL**  
**dusty@nmact.org**

**MAIL**  
**NMAA Foundation**  
**6600 Palomas Ave NE**  
**Albuquerque, NM 87109**

**FAX**  
**(505) 923-3114**