



School Health, Safety, Nutrition and Fitness Grant Application

Eligible schools may apply for grants up to \$1000 by completing this form. Matching funds through PTA or other organizations are encouraged. The application should be typed or neatly printed. Attach additional pages as needed. Please mail or fax entire application to Mat-Su Health Foundation, 950 E. Bogard Road, Suite 218, Wasilla, AK 99654/Fax: 907-352-2865. Please see attached Frequently Asked Questions (FAQ) sheet for more details. Please check our website at www.matsuhealthfoundation.org for deadlines.

Name of School: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Contact Name: _____

Phone Number: _____ Email Address: _____

Type of School: _____
(public, private, home school)

Total Amount Requested: _____ Total Project Cost: _____

Matching Funds/Other grants applied for:

Project Description: (Please include an overall project description and how the project functions.)

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Statement of Need:

(please provide a brief summary of the need for this project. It should describe the condition in the community that is unacceptable and should be remedied. Use local data when available.)

Improving the health and wellness of Alaskans living in the Mat-Su!

950 E. Bogard Road, Suite 218 * Wasilla, Alaska 99654 * 907-352-2863
<http://www.matsuhealthfoundation.org/>



**MAT-SU HEALTH
FOUNDATION**

Target Population:

(Describe the age/grade of the students to be served, the number of students served by the project, and the direct and indirect benefits to all students.)

Brief Project/Program Budget:

(Delineate total cost, amount requested, funds from other sources, how funds will be spent, i.e., equipment supplies, publicity, etc.

Eligibility Statement: (Please sign to acknowledge compliance with eligibility criteria.)

Eligible applicants include nonprofit private and public schools, and home school organizations serving K-12 students, located physically in the Matanuska-Susitna Borough. Individuals, regular state programs, and for-profit learning institutions are not eligible to apply for the School Health Grant. I certify that this applicant organization meets the specified criteria for School Health Grant funding.

Signature of School Personnel

Printed Name

Date

Signature of School Personnel

Printed Name

Date

Certification Statement: I understand that completion and submission of this application in now way should be interpreted as obligating the Health communities Program to funding this project or having entered into a contractual agreement. Any incomplete, false, or misleading statement contained in this application or its attachments will result in the immediate termination of consideration and funding of this project by Mat-Su Health Foundation. Having read and understood the above, and to the best of my knowledge and believe, I certify that this application is true, complete, and discloses all material information.

Signature of School Personnel

Printed Name

Date

Signature of School Personnel

Printed Name

Date

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