



Gals on the Go Project School/Organization Grant Application

Please fill out ALL areas to be considered:

Applicant's Name: _____

Applicant Title: _____

School/Organization Name: _____

Ages or Grade Levels: _____

Address: _____

Phone number: _____ Cell: _____

Email: _____

Please explain financial need of school or organization (i.e. lack of mental health support in budget): _____

Which workshops would most benefit your group? (Check all that apply)

- I AM...I Can...I Will... Calm, Cool, Capable Kids Wellness Program
 Unsure (Want to meet with representative to create a specialized event for our students)
 Other: _____ (Be specific of needs of school)

What are the approximate number of students and ages or grade levels you'd like to target in the scope of this workshop opportunity?

Do you have a collaborative source or other resources that you receive or can receive as a partial contribution to fund workshops (i.e. PTO, booster organization, parents, business, civic or community organization, etc.)? Yes No

If **yes**, explain the agreement (i.e. organization will pay percentage or set amount of workshop).

Why do you feel your school or organization would benefit from a Gals on the Go Project event?

How did you hear about Gals on the Go Project grant opportunities?

Roles and responsibilities: If you are accepted as a recipient of a Gals on the Go Project grant, you will be required to complete post- event surveys, share positive experiences/testimonies, and provide a photo of the group participating in the workshop. Any publicity associated with your workshop (i.e. social media, newsletter, newspaper, etc.), must include a notice that the workshop was made possible by a grant from Gals on the Go Project. This helps to spread the word of our mission and to continue to raise funds to provide future grants.

Please check box to indicate acceptance of roles and responsibilities.

Applicant Signature: _____

Date: _____

Please return this form to:

Gals On the Go Project

Angela Cowles, Executive Director

383 Williamstowne, Suite 101 Delafield, WI 53018

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