



**MARY GRAHAM FOUNDATION SCHOLARSHIP PROGRAM**  
**Summer School Funding Request Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

School Attending: \_\_\_\_\_ Projected GPA for spring \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_ Need payment no later than: \_\_\_\_\_

**REASON FOR SUMMER SCHOOL:** *(such as- Retaking class for better grade, class was full during the year, need lodging)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUNDING REQUESTS:** *(Please list all of the items that make up your total request)*

Class \_\_\_\_\_ #Units \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_

Class \_\_\_\_\_ #Units \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Books & school supplies \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(For Internal Use. Not to be filled out by student):*

*Sign*

*Date*

Request reviewed and approved by student's Mentor \_\_\_\_\_

Mentor Comments: \_\_\_\_\_  
 \_\_\_\_\_

Request Approved by Foundation- Date: \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

**Return to: Mary Graham Children's Shelter Foundation**  
**PO Box 96, French Camp, CA 95231**

**E-mail mgfoundation01@gmail.com FAX (209) 468-7636 Phone (209) 468-7635**